

IMPORTANT COMMUNITY TOPICS NEED YOUR INPUT!

Note the following and respond by February 20th 2010;

ALERT!

In cooperation with the National Aging in Place Initiative, Sedgwick County Area Department on Aging, and Park City Municipality, an important survey is being conducted for the future benefit of Park City citizens and their community. We are gathering information in an effort to meet the needs of the community to help make the future Park City more viable for people of all ages to live, maintain, and be a part of the community whatever their age may be. By participating in this survey you will be shaping the future course of what Park City will strive to be like to meet your needs so that you may remain a valued area resident for life! We will also address universal design topics, which is simply housing that features components that can be used by everyone regardless of their level of ability or disability.

Please return your responses in person or by mail to Park City Hall 6110 N. Hydraulic, Park City KS 67219

Please complete the entire survey front and back to the best of your ability and thanks for participating!

* Additional Survey forms may be downloaded from the Pride website at www.parkcitypride.org

Do you live in Park City? Yes No If Yes, how many years? _____ How many more years do you intend to remain a Park City resident? _____ Do you own or rent?

Do you work in Park City? Yes No If Yes, how long? _____

Do you operate a Park City business? Yes No If Yes, how long? _____

What is your age group?

Under 18 19 – 25 26 – 40 41 – 55 56 – 65 66 – 79 80 +

Are there children in your home? Yes No If Yes, how many? _____

Is a parent(s) or elders residing in your home? Yes No If Yes, what age(s)? _____

What school district do you reside in? USD 259 USD 262 Other

Do you feel the schools and higher education are adequate for the area? Yes No If No, what would you feel would be optimal for all? _____

What is your main source of transportation? Auto/Truck Bicycle/Moped Family Member Motorcycle Motorized Chair/ Wheelchair Walking Taxi Bus Other _____

Is there adequate transportation in the area to meet your needs? Yes No If No, what type of transportation would benefit your household? _____

Can you shop locally for your family's household needs and personal care services? Yes No

If Yes, can you access the facilities easily? Yes No

Are the facilities within walking distance? Yes No

Can you get adequate medical care for your family locally? Yes No

If Yes, can you access the facilities easily? Yes No

Are the facilities within walking distance? Yes No

Can you find adequate recreation for your family locally? Yes No

Is this recreation at a facility? Yes No If Yes, can you access the facilities easily? Yes No

Are the facilities within walking distance? Yes No

Do you have a home computer or laptop? Yes No If Yes, do you have internet? Yes No

Do you have a landline telephone? Yes No Is a cell device your only telephone? Yes No

Are you aware of services such as S.E.N.I.O.R.S., neighborhood watch, and carrier alert programs that might benefit residents in emergency situations? Yes No

Do you feel your home would be adequate to live in should you become frail or disabled? Yes No
If Yes, do you feel you can get adequate assistance for home care if needed? Yes No
If your home is not adequate do you think you can find new living quarters in Park City? Yes No
Are you living in a home that has ADA features or is of Universal Design? Yes No
Do you think there is adequate housing in Park City with such options? Yes No

If you were to become frail or disabled and in need of assisted care, could you find such a facility to reside at in Park City? Yes No
If No, and moving were necessary, Do you have family local to live with and assist you? Yes No
If No, would you leave town to find such services? Yes No
What would you expect to pay monthly for such a facility and assistant care? \$_____

If you were opting for maintenance free living at your residence, would you prefer to live in a managed property with amenities over hiring outside services at your current home? Yes No
If Yes, what amenities would you like? Example; gardening, pets, storage, garage, recreation facility, community buildings, walking paths, security, updated technology? _____

What would you expect to pay monthly for this type of housing? \$_____

There are currently no skilled nursing care facilities in Park City; do you feel the community should have such a facility locally? Yes No If you currently know relatives or neighbors who need to reside in such a facility, do you see a benefit of having one that is nearby? Yes No

Do you feel the road conditions, maintenance, & utility infrastructure are adequate here? Yes No
If No, what needs to be addressed? _____
Are there local churches and organizations to meet your spiritual and intellectual needs? Yes No
Is the local senior center adequate for addressing your needs and questions on aging? Yes No
If No, what might help? _____

Are property values increasing in comparison to that of surrounding cities? Yes No If No, What would help the city to increase these values? _____

Do you think the Park City community as a whole is focused on community growth overall, and is looking to finding ways of providing avenues for helping its current residents remain residents? Yes No

If you have questions or needing resources on any of these survey topics, contact the Sedgwick County Department on Aging Department 316-660-5120, or Park City Hall 316-744-2026 or www.parkcityks.com to put you in touch with the answers you seek.

We appreciate your time and input on completing this Park City Aging in Place Survey and any additional comments you wish to tell us about can be left in the space provided below. Thank You.
