



Town of Sebago
406 Bridgton Road (Route 107) Sebago Center, Maine 04029
Phone: (207) 787-2457

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**Current Resident
Town of Sebago
04029**

Please return the survey by **Friday, March 28** in the enclosed envelope.
If you need assistance, please call the Town Office at (207) 787-2457.
We will come to your door and pick it up.



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The Town of Sebago wants to hear from our residents who are seniors aged 65 and over and adults of any age with disabilities about the kinds of programs and services that would enhance your living environment and keep you living in Sebago as long as possible.

This survey is made possible by a federal Community Development Block Grant from Cumberland County. No local tax dollars are being used.

Every senior or disabled adult is encouraged to complete their own individual survey. We hope you are willing to share your name so that we can follow-up with useful information, but you may also participate in the survey anonymously.

Thanks for your sharing your hopes and dreams!

Lauris Champagne
Allen Crabtree
Roberta Douglas
Ann Farley
Maureen Harriman
Jeff Harriman
Pastor Ledux
Pastor Moore
Robert Nicholson
Abe Parker
Helen Twombly



Tell us about yourself

Where do you live?

Town

How long have you lived here?

Years

How old are you?

Your Age

What do you do?

____ I work full-time

____ I work part-time

____ I am retired

____ Other

Do you live with someone aged 65 and older?

____ Yes ____ No

Age

Your relationship

May someone contact you with follow-up information?

Name _____

Address _____

Town _____

Phone number (Home) ____ (____) _____

Cell phone number ____ (____) _____

May someone contact you in the event of a disaster or emergency?

____ Yes

____ No

If we can not reach you in the event of an emergency, whom shall we contact?

Name _____

Address _____

Town _____ State _____

Phone number (Home) ____ (____) _____

Phone number (Work) ____ (____) _____

Tell us about your emergency plans

In the event of an emergency, such as an ice storm or blizzard, are you prepared with enough supplies to stay in your home for at least a week?

____ Yes, I'll be fine.

____ No, I might need help with the following:

____ Heat

____ Water

____ Food

____ Medications

____ No, I plan to seek shelter at the home of a friend or family member.

____ I don't know. I have not yet made any emergency preparedness plans.

Do you have a disability?

____ Yes

____ No

Please check all that apply.

____ Blindness

____ Deafness

____ Physical disability

____ Trouble bathing, dressing or taking care of yourself

____ Trouble learning or Remembering

____ Other_____

Tell us about your family

Who do you live with? Please check all that apply.

- ☐ Alone
- ☐ Spouse/partner
- ☐ Children over 18
- ☐ Children under 18
- ☐ Other Family
- ☐ Other friends
- ☐ Caregiver
- ☐ Animals
- ☐ Other

Do you have a
network of family
and/or friends nearby?

☐ Yes ☐ No

Please explain.

What programs would you like to see offered or
expanded in Sebago?

☐ **Door-to-Door transportation**

Medical/Personal Care

- ☐ General practitioner
- ☐ Dental
- ☐ Prescription delivery service
- ☐ Beauty Salon/Barber

Educational or social activities

- ☐ Senior Meals
- ☐ Senior Activities _____
- ☐ Field trips _____
- ☐ Classes or lectures _____

Recreation opportunities

- ☐ Exercise classes _____
- ☐ Leagues or competitions _____

☐ **Other** _____

Tell us what you do

What are your hobbies and interests?

Would you like information on any of the following programs?

- ☐ Circuit breaker property tax break
- ☐ Tree Growth property tax program
- ☐ Life Alert System
- ☐ Emergency preparedness
- ☐ Cumberland County Sheriff telephone check-in
- ☐ Meals on wheels
- ☐ Senior Dining Center
- ☐ Adult Day Care
- ☐ Regional Transportation Program (RTP)
- ☐ Senior Transportation Network
- ☐ Help with Medicare paperwork
- ☐ PROP Heating oil assistance
- ☐ PROP Home Repair program
- ☐ PROP Foster Grandparents program
- ☐ Retired Senior Volunteer Program (RSVP)
- ☐ Maine Senior Games
- ☐ Other _____

Do you live
with someone
who has a
disability?

_____ Yes _____ No

Age

Please check all that apply.

- ☐ Blindness
- ☐ Deafness
- ☐ Physical disability
- ☐ Trouble bathing, dressing or
taking care of self
- ☐ Trouble learning or
remembering
- ☐ Other _____

Tell us about your future

Would you like to live in Sebago in the future?

☐ Yes ☐ No

If yes, where would you prefer to live, if it were an option?

- ☐ Own home for as long as possible
- ☐ Own home with assistance from others
- ☐ Apartment attached to a home owned by family or friends
- ☐ Senior housing
- ☐ Assisted living facility
- ☐ Other

If no, why not?

What would help you stay in Sebago in the future?

Please check all that apply.

- ☐ Stable property taxes
- ☐ Assistance in finding a trusted housemate
- ☐ Income from an accessory unit attached to my home
- ☐ Regular assistance from a caregiver
- ☐ Regular visits from a doctor or nurse
- ☐ Transportation to appointments outside my home
- ☐ Better physical access, such as a wheelchair ramp or other home modifications
- ☐ Reverse mortgage
- ☐ Assistance with home maintenance and repair
 - ☐ Snow shoveling or plowing
 - ☐ Heating
 - ☐ Roof
 - ☐ Insulation
 - ☐ Storm windows
- ☐ Other