

**“IF AGING IS NOT YOUR ISSUE, IT WILL BE!”**

***Help Us Plan Your Future: We Want Your Input!***

Orange County’s older population is rapidly growing and we are living longer lives. In fact, by the Year 2020, just thirteen years from now, the older 60+ segment will grow from 18,000 to over 33,000. We are planning for this historic change and have developed a “Bill of Rights for Older Persons” and preliminary goals and objectives that have been approved by the County Commissioners for public comment. What important programs and services, as well as opportunities, should be provided for older adults and their families? Your input will be helpful in updating our five year Master Aging Plan with the theme of “Developing Aging-Friendly Communities in Orange”.

**Please complete the short survey on the next page after reading the attached documents:**

- (1) Proposed “Bill of Rights for Older Persons”
- (2) Preliminary Goals, Objectives and Strategies for M.A.P.

You may also complete this survey form on the county website at:  
[www.co.orange.nc.us/aging/hotspot.htm](http://www.co.orange.nc.us/aging/hotspot.htm)

***Deposit Your Completed Input Survey in the Senior Center Suggestion Box or return to:  
 The Orange County Department on Aging P.O Box 8181 Hillsborough, N.C. 27278***

We thank you for your input. It will be included in a report to the County Commissioners.

*Orange County Master Aging Plan Steering Committee  
 The Dept. on Aging & Aging Advisory Board*

Check (✓) All that apply. All information you give is confidential and will be reported only as a group.

<b>1.</b> My age group:	49 and under ___	50-59 ___	60-69 ___	70-79 ___	or 80+ ___
<b>2.</b> My gender:	Male ___	Female ___			
<b>3.</b> My race:	White ___	Black ___	Hispanic ___	Asian ___	Other ___
<b>4.</b> My living arrangements:	live alone ___	With someone ___			
<b>5.</b> My participation level in senior center programs is:	weekly ___	monthly ___	yearly ___	None ___	
<b>6.</b> My senior center participation is generally in:	Chapel Hill ___	Central Orange/ Hillsborough ___	Northside ___	Community Center in Efland ___	Community Center in Cedar Grove ___
<b>7.</b> I reside in:	Chapel Hill ___	Hillsborough ___	Carrboro ___	Mebane ___	Wettersville ___
<b>8.</b> My Zip Code is:	_____				

If you or your group would like to be more involved in accomplishing certain M.A.P. goals and objectives over the next five years or would like further information, please complete the spaces below.

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail: \_\_\_\_\_

*(Turn over)*

**Master Aging Plan Update: 2007-2011**  
**Input Survey**

**What do YOU think about the proposed M.A.P.?**

**1. A Bill of Rights for Older Persons (see attached)**

Yes, I like the idea \_\_\_ ; No, I don't care for it \_\_\_; I have no opinion \_\_\_

**Write down any suggested changes in wording:**

**2. In each M.A.P. category, Check (✓) which area are most important to you:**

Cat.1-Information/Access\_\_\_, Housing/Shelter\_\_\_, Transit/Mobility\_\_\_, Transitional Care\_\_\_

Cat.2- Well-Fit Issues\_\_\_, Disabled/Moderately Impaired Issues\_\_\_, Institutionalized Issues\_\_\_

**3. What do you think about the proposed nine M.A.P. goals ?**

Overall, I like them \_\_\_\_, I would change some of them \_\_\_\_, I have no opinion \_\_\_

**List any suggested changes or new ones: (Use Back if needed)**

**4. What do you think about the proposed 45 M.A.P. objectives ?**

Overall, I like them \_\_\_\_, I would change some them \_\_\_\_, I have no opinion \_\_\_

**List any suggested changes or new ones: (Use Back if needed)**

**5. What do you think about the suggested M.A.P. strategies for achieving the objectives ?**

Overall, I like them \_\_\_\_, I would change some them \_\_\_\_, I have no opinion \_\_\_

**List any suggested changes or new ones: (Use Back if needed)**