

## **Perry County Job and Family Services**

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### Perry County Title XX Social Services 2020 Senior Connections and Engagement Program

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Please list n	ame & date of birth for	all adult household members:	
T iouse list if	<u>DOB</u>		
Address:		City:	
State: <u>Ohio</u> Zip:	Today'	s Date:	
Phone Number:	Cell Phone:		
	Preferred Location	(circle one):	
New Lexington	Somerset/Thornville	Corning/New Straitsville/Shawnee	
Signature of Person Applying		Date	

### THIS SECTION FOR PERRY JFS/INSTRUCTOR USE ONLY

The following items are being provided to Perry County residents, ages 55 and older, in order to assist in the maintenance of self-sufficiency by improving conditions for independent living. Each *household* will be assigned the items being offered below that pairs with enrollment in the technology class. Participation in all six sessions will be tracked by instructor.

Microsoft Surface Pro, Keyboard,
Mouse

Check box to verify class participation:

Session 1: Getting to Know your Laptop/Tablet	Session 4: Internet Basics
Session 2: Microsoft Office Word	Session 5: Zoom/Skype and Teledoc
Session 3: Files, Folders and Storage	Session 6: Social Media!

By signing, you are acknowledging you have received the above selected items following the class instruction.

#### Signature

Date



# Perry County Job and Family Services

#### **Customer Technology Survey:**

To help the lead instructor of the Senior Connections and Engagement Program better serve you in-class please use the survey below to rate your **current** technology skills.

I use a computer or tablet on a daily basis: yes or no
I can search the internet for needed information: yes or no
I have a social media account, like Facebook, that I use often: yes or no
I would rate my computer knowledge: beginner intermediate advanced
Please briefly describe how you feel about technology and what you hope to learn from the class:

#### **Customer Survey In-Home Survey:**

Perry County Job and Family Services would like to gather information about what other services would be effective in helping older residents maintain self-sufficiency and independent living. In order for us to deliver services that best meet your needs and to continue to monitor and improve the programs we offer, we would like you to provide us with your feedback. Please take a minute to complete the following survey. Thank you for time and help!

Please place a check mark next to services you believe would better enable you to remain self-sufficient and allow you to live independently.

- □ Home Based Shopping Services
- □ Home Delivered Meals
- □ Homemaker Services
- □ Home Based Daily Living Assistance
- □ Financial Management
- □ Home Modifications
  - □ Inside
  - □ Outside
  - $\Box$  Other (specify):
- □ Information & Referral
  - □ Transportation Arrangement
  - □ Medical
  - □ Mental Health
  - Other (specify):\_\_\_\_\_
- □ Other (specify):\_\_\_\_\_