

*Supervisor*  
JON KAIMAN

*Town Board*  
VIVIANA L. RUSSELL  
THOMAS K. DWYER  
ANGELO P. FERRARA  
ANNA M. KAPLAN  
LEE SEEMAN  
DINA M. DEGIORGIO

*Town Clerk*  
LESLIE C. GROSS

*Receiver of Taxes*  
CHARLES BERMAN

# TOWN OF NORTH HEMPSTEAD

## PROJECT INDEPENDENCE

470 OLD WESTBURY ROAD  
ROSLYN HEIGHTS, NY 11577

(516) 869-6311  
FAX (516) 484-8660

Email: [projectindependence@northhempsteadny.gov](mailto:projectindependence@northhempsteadny.gov)



*Commissioner*  
CAISY MEYERS

Dear Friend:

Project Independence is a new Town of North Hempstead program designed to support and assist aging residents of the town to remain in their own homes and familiar communities as they grow older.

The attached survey will help us understand the services needed in order to make this “aging in place” initiative effective. Completion of the survey, including the contact information section, will automatically register you in Project Independence. A registration card will be mailed to you.

If you want to register for Project Independence, but want your survey information kept anonymous, please fill out the tear-off below and send it to us at the address given. You will receive your Project Independence registration card in the mail.

Sincerely

Jon Kaiman  
Supervisor

-----

REGISTER FOR PROJECT INDEPENDENCE

Yes, I want to register for Project Independence.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (optional) \_\_\_\_\_ e-mail(optional) \_\_\_\_\_

Please mail this form to: Project Independence Registration  
Town Of North Hempstead  
470 Old Westbury Road  
Roslyn Heights, NY 11577

Town of North Hempstead  
**Project Independence**

The logo for Project Independence, featuring the text "Project Independence" in a bold, sans-serif font. To the right of the text is a stylized silhouette of a house with a gabled roof.

*Supervisor*  
**JON KAIMAN**

*Town Board*  
VIVIANA L. RUSSELL  
THOMAS K. DWYER  
ANGELO P. FERRARA  
ANNA M. KAPLAN  
LEE SEEMAN  
DINA M. DEGIORGIO

*Town Clerk*  
LESLIE C. GROSS

*Receiver of Taxes*  
CHARLES BERMAN

Town of North Hempstead  
**Project Independence**

**470 Old Westbury Road  
Roslyn Heights, NY 11577  
(516) 869-6311  
FAX (516) 484-8660**



*Commissioner*  
**CAISY MEYERS**

1. Personal Information (OPTIONAL):

Name:	
Address:	
Telephone:	
Email:	
Date of Birth:	____ / ____ / ____ Age: ____ Gender: Female ____ Male ____

2. Living Arrangements (Check all that apply):

\_\_\_Alone \_\_\_Spouse/Partner \_\_\_Children \_\_\_Other Family Member \_\_\_\_\_ others (Aide, Friend) \_\_\_\_\_

3. If possible, would you want to remain in your current residence as you grow older? \_\_\_Yes \_\_\_No

4. Do you have a Primary Care Physician? \_\_\_Yes \_\_\_No

5. Do you have Health Insurance? \_\_\_Yes \_\_\_No

6. Do you have prescription coverage? \_\_\_Yes \_\_\_No

7. Do you have a Dentist? \_\_\_Yes \_\_\_No

8. Have you needed emergency room services in the past year? \_\_\_Yes \_\_\_No

9. Do you need assistance with?

Health screening (blood pressure, etc.)

Monitoring Chronic conditions (diabetes, etc.)

Medication Monitoring

Medical Transportation

Social Work Counseling

# PROJECT INDEPENDENCE

PARTICIPANT NAME: \_\_\_\_\_

10. To whom would you turn in an emergency?  
\_\_\_Family \_\_\_Friend \_\_\_Neighbor \_\_\_Other \_\_\_\_\_
11. Do you drive? \_\_\_Yes \_\_\_No  
If not, what means of transportation do you use for errands, appointments, etc.?  
\_\_\_NICE Bus \_\_\_North Hempstead Bus \_\_\_Taxi \_\_\_Friends/Family \_\_\_Other
12. Do you currently belong to any local organizations, such as? (check all that apply):\_\_\_Senior Citizen Club \_\_\_Church/Synagogue/Mosque Group  
\_\_\_Social/Recreational Group \_\_\_Support Group \_\_\_Other \_\_\_\_\_
13. Would you be willing to participate on an Advisory Committee or Volunteer for Project Independence in your community? \_\_\_Yes \_\_\_No
14. What language/languages do you understand? \_\_\_\_\_
15. What language/languages do you speak? \_\_\_\_\_
16. How long have you lived in your community? \_\_\_\_\_
17. Do you need assistance to perform activities of daily living? \_\_\_Yes \_\_\_No

Please check all that apply:

- Meal Preparation     Shopping     Going Outside  
 Cleaning             Laundry     Light Housekeeping

18. Do you need assistance with?

Please check all that apply:

- Lawn Maintenance     Home Maintenance     Personal Finance

19. Has anything happened recently in your life causing you worry or stress?

Death in Family \_\_\_\_\_                      Declining Health \_\_\_\_\_  
Death of Close Friends \_\_\_\_\_              Physical Problems \_\_\_\_\_  
Children Moving Away \_\_\_\_\_                Other \_\_\_\_\_

PROJECT INDEPENDENCE

PARTICIPANT NAME: \_\_\_\_\_

20. Would you be interested in receiving volunteer services such as?
- |  |  |
|--|--|
| <input type="checkbox"/> Companionship           | <input type="checkbox"/> Social Activities |
| <input type="checkbox"/> Recreational Activities | <input type="checkbox"/> Shopping          |
| <input type="checkbox"/> Telephone Check-ins     | <input type="checkbox"/> Other _____       |
21. Do you have access to a computer at your home? \_\_\_\_ Yes \_\_\_\_ No
- |                                 |                                   |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> e-mail | <input type="checkbox"/> Internet |
|---------------------------------|-----------------------------------|
22. Would you attend any of these activities?
- |   |   |
|---|---|
| <input type="checkbox"/> Computer Training  | <input type="checkbox"/> Cards                |
| <input type="checkbox"/> Computer Games     | <input type="checkbox"/> Mah Jong             |
| <input type="checkbox"/> Financial Advice   | <input type="checkbox"/> Dance                |
| <input type="checkbox"/> Cultural Arts      | <input type="checkbox"/> Nutrition and Health |
| <input type="checkbox"/> Exercise / Fitness | <input type="checkbox"/> Walking Group        |
| <input type="checkbox"/> Book Club          | <input type="checkbox"/> Other _____          |
23. Would you be interested in a support group for?
- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Those who lost a loved one | <input type="checkbox"/> Caregivers  |
| <input type="checkbox"/> Life Transitions           | <input type="checkbox"/> Other _____ |

Revised  
January, 2012