

# Elgin Township Senior Resident Input Questionnaire

Elgin Township is seeking input on ways to be a community for all ages and to help support the mission of the Committee on Seniors (“Support services for senior U.S. citizens and legal residents in Elgin Township to remain independent and to age in place”). We invite your thoughts – regardless of your current age or whether you see our senior services as relevant.

Please complete this questionnaire to the best of your ability. **Please return via mail or in person by Friday, February 16, 2024, to Elgin Township, 729 S. McLean Blvd., Elgin, IL 60123, or via email at [info@elgintownship.com](mailto:info@elgintownship.com). Questions? Call 847-741-2045.**

1. **What is your current age?** \_\_\_\_\_ years
2. **How long have you lived in Elgin Township?** (Elgin Township boundaries are approximately: North to I-90, East to Kane/Cook County Line, South to Stearns/McDonald Road, and West to Coombs Road) \_\_\_\_\_ years
3. **How do you get information about Elgin Township’s programs, services, and events?** (Check all that apply)  
☐ Township’s Website      ☐ Township’s Facebook Page      ☐ Township Mailer  
☐ Township’s Email      ☐ Newspaper      ☐ Radio      ☐ Word of Mouth  
☐ Other \_\_\_\_\_
4. **How do you get information about community programs or services offered to support Elgin Township’s older adult residents?** (Check all that apply)  
☐ Township’s Website      ☐ Township’s Facebook Page      ☐ Township Mailer  
☐ Township’s Email      ☐ Newspaper      ☐ Radio      ☐ Word of Mouth  
☐ Service Agency Email      ☐ Other \_\_\_\_\_
5. **Do you currently use or attend any community programs or services offered to support Elgin Township’s older adults?** (Check all that apply)  
☐ Elgin Township Senior Social Café      ☐ Elgin Township Pet Food Pantry      ☐ Ride in Kane  
☐ Elgin Township TRIAD      ☐ Elgin Township Senior Discuss and Discover  
☐ Food Pantry (Please list all) \_\_\_\_\_  
☐ Senior Services Associates      ☐ None      ☐ Other (Please list): \_\_\_\_\_  
\_\_\_\_\_
6. **Are there additional community programs or services you would like to see offered to enhance support of Elgin Township’s older adult residents? What types?** (Describe)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. **In what type of housing do you currently reside?**  
☐ Single-Family Home      ☐ Townhouse      ☐ Apartment/Condominium  
☐ Senior Living Facility      ☐ Other: \_\_\_\_\_
8. **Does your current housing meet your current needs?** (Check one)  
☐ Yes      ☐ No      ☐ Unsure

9. **Will you be able to age in your current housing (stay) or will you have to relocate (move) at some point?** (Check one)    ☐ Stay    ☐ Relocate/Move    ☐ Unsure
10. **If you believe you will need to move at some point, how will your next housing have to be different from your current housing?** (Describe) \_\_\_\_\_  
\_\_\_\_\_
11. **How do you generally get to places in and around Elgin Township for your shopping, appointments, and social activities?** (Check all that apply)
- ☐ Private Car    ☐ Walk or Use Mobility Device    ☐ Public Transportation    ☐ Taxi  
☐ Ride in Kane    ☐ Ride Share / Uber / Lyft    ☐ Elgin Township Shuttle Bus  
☐ Other: \_\_\_\_\_
- 11A. **What challenges if any do you have with transportation?** (Describe) \_\_\_\_\_  
\_\_\_\_\_
12. **When either walking or using an assistive device (wheelchair, walker, cane, etc.), do you generally find it easy to get around Elgin Township?** (Check one)
- ☐ Yes    ☐ No    ☐ Unsure
13. **Do you generally find Elgin Township's public places (parks, public buildings, etc.) easily accessible and adequate for your use?** (Check one)
- ☐ Yes    ☐ No    ☐ Unsure
14. **Do you generally find the Elgin Township area easily accessible and adequate for your use?** (Check one)
- ☐ Yes    ☐ No    ☐ Unsure
15. **Do you have an Elgin Township Senior Access Pass?** (Check one)
- ☐ Yes    ☐ No    ☐ Unsure
16. **Please share any additional thoughts, ideas, or suggestions about how Elgin Township could better support older adults:** (Describe)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. **Contact Information:** (Optional)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**THANK YOU FOR YOUR PARTICIPATION! —Supervisor Kenneth Bruderle**