

28. What should **spiritual providers** know about older LGBT persons? _____

29. What should **law enforcement** know about older LGBT persons? _____

30. What other information, comments would you like to share regarding the needs of older LGBT persons in our community? _____

Please feel free to add additional pages(s).

Thank you very much for your help.

PLEASE RETURN BY AUGUST 29th

Please feel free to reproduce this questionnaire.

Contact the Area Agency on Aging at
 Phone: 805.925.9554 · Fax: 805.925.9555 · email: Seniors@KCBX.net

Central Coast Commission for Senior Citizens
 Area Agency on Aging
 528 S. Broadway
 Santa Maria, CA 93454

Place
 Stamp
 Here

LGBT Persons in San Luis Obispo and Santa Barbara Counties: Growing Older

The Central Coast Commission for Senior Citizens, Area Agency on Aging has developed this questionnaire to learn more about lesbian, gay, bisexual and transgender (LGBT) senior citizens in our community. Your responses are anonymous.

We want to learn about the needs of LGBT senior citizens. Your participation is voluntary. Participating in the survey may not have a direct benefit for you. The Area Agency on Aging conducts needs assessments to both inform itself and the community about the needs of the senior community. It is hoped that the survey will result in better programs and awareness of the needs of older lesbian, gay, bisexual and transgender people in our two county region.

If you have any questions about this survey please contact joyce ellen lippman at the Area Agency on Aging at 805.925.9554 or seniors@KCBX.net. If you are interested in receiving the results of the survey, contact Ms. lippman. Please return the completed survey by August 29th.

Please tell us something about yourself in confidence:

1. Your date of birth _____
2. Your annual income (individual): Less than \$9,999 \$20,000 - \$39,999 \$ 60,000 - \$79,000
 \$10,000 - \$19,999 \$40,000 - 59,999 \$80,000 - \$99,999 over \$100,000
3. The source of your income: (Please check all that apply) Pension Wages
 Investment earnings Social Security retirement Social Security disability
 Other
4. Your sexual orientation/gender identity:
 Transgender male to female Gay male Lesbian
 Transgender female to male Bisexual male Heterosexual male
 Bisexual female Heterosexual female
5. Your race: African American White
 Latino/aAsian/Pacific Islander Other
6. Where do you live? Zip code _____
7. How is your health? Excellent Good
 Fair Poor
8. How is your mobility? Get around easily Get around with help Confined indoors
9. Have you retired? Yes No
A. If YES, at what age did you retire? _____
B. If NO, at what age do you plan to retire? _____
10. If not retired, what living arrangement will you seek when you retire? (Check all that apply):
 Mobile home Move to a more affordable place in this area
 Move out of the area Stay in my current home Assisted living facility
 House/condo/apt. Retirement living community
 Other _____
If retired, where do you live? Mobile Home Assisted living facility
 House/condo/apt. Retirement living community
 Other _____
11. When you feel you can no longer live independently, where would you like to live:
 With family Retirement community
 With friend Assisted living facility
 LGBT retirement community with extended care options
 Other _____

