

Cape Elizabeth Community Services Advisory & Senior Advisory Commissions would like your input to help us get a better understanding on how we are meeting the needs of our citizens.

1) Have you or your child participated in Community Services' programs in the past year?

Yes _____ No _____

If you answered No to question #1 please go to Question #6

2) Are you answering this survey as a participant or a parent/guardian (please choose only one)?

Participant _____ Parent/Guardian _____

Programming

3) Please tell us the types of programs that members of your household have participated in during the past year and rate us on your experience (check all that applies).

	Is A Good Program Value	Completely Meets Our Needs	Meets Some of Our Needs	Does Not Meet Our Needs	We Don't Have a Need For This Type Program
Youth Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Enrichment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Art/Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer Day Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer Specialty Camps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Aquatic Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cape Care Before/After School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cape Care Preschool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Fitness Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Enrichment/Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness Center Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aquatic Programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any additional comments you would like to share regarding Community Services programs?

Facilities

4) Please rate the quality of the facilities you or a family member used during the past year.

	Very Positive	Somewhat Positive	Somewhat Negative	Very Negative
Community Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donald Richards Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Athletic Fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pond Cove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any additional comments you would like to share regarding Community Services programs?

New Programming

5) Please tell us which of the following programs are most needed by you or a member of your household. Please check *only* (3) program areas.

<input type="checkbox"/> Youth Wellness Programs	<input type="checkbox"/> Adult Wellness Programs
<input type="checkbox"/> Youth Aquatic Programs	<input type="checkbox"/> Adult Aquatic Programs
<input type="checkbox"/> Programs for Teens	<input type="checkbox"/> Adult Business/Technology Programs
<input type="checkbox"/> MS After-School Program	<input type="checkbox"/> Adult Academic Classes
<input type="checkbox"/> Parent/Child Programs	<input type="checkbox"/> Boston Theater Trips
<input type="checkbox"/> Special Events	<input type="checkbox"/> Adult Adventure Trips
<input type="checkbox"/> Senior Programming	

Are there any additional comments you would like to share regarding Community Services programs?

6) If you, or members of your household do not participate in Community Services programs is it because of (please check all that apply).

<input type="checkbox"/> Schedule	<input type="checkbox"/> Cost
<input type="checkbox"/> Transportation	<input type="checkbox"/> Programs Don't meet My Needs
<input type="checkbox"/> Other (please specify)	

Seniors

Please Check All That Apply To You

<input type="checkbox"/>	I am older than 60	<input type="checkbox"/>	Family Caregiver
<input type="checkbox"/>	I am younger than 60	<input type="checkbox"/>	Family member
		<input type="checkbox"/>	Senior in Your Life

7) When you think about Senior issues/concerns in Cape Elizabeth please check all areas that you believe are important for the community to be considering and then rank the top 3 for you.

<u>"X"</u>		<u>Rank</u>	<u>"X"</u>		<u>Rank</u>
<input type="checkbox"/>	Transportation	___	<input type="checkbox"/>	Fixed Income	___
<input type="checkbox"/>	Affordable Housing	___	<input type="checkbox"/>	Utilities	___
<input type="checkbox"/>	Retirement	___	<input type="checkbox"/>	Taxes	___
<input type="checkbox"/>	Town Services	___	<input type="checkbox"/>	Town Center	___
<input type="checkbox"/>	Isolation	___	<input type="checkbox"/>	Library	___
<input type="checkbox"/>	Health Care Services	___	<input type="checkbox"/>	Health Care Cost	___
<input type="checkbox"/>	Nutrition	___			

8) What services provided by the Town do you frequently use (please list)?

9) Are there any services that the Town does not provide that you wish were available (please list)?

10) Please list the top 3 items you find most/least convenient to living in Cape Elizabeth.
(For example: Shopping, Health Care, Schools, Library, Taxes, Utilities, Housing, Transportation, Senior Services, etc)

Most Convenient

Least Convenient

1) _____

1) _____

2) _____

2) _____

3) _____

3) _____

11) Counting yourself, how many people in your household are?

Under age 5 _____

Ages 10-14 _____

Ages 20-35 _____

Ages 50-64 _____

Ages 5-9 _____

Ages 15-19 _____

Ages 36-49 _____

Ages 65+ _____

Thank you very much for taking the time to complete this survey.