



Eight Domains
Of Livability
Influencing
Community

Community &
Health Services



Respect & Social
Inclusion



Transportation



Communication &
Information



Housing



Social
Participation



Civic Engagement
& Employment



Outdoor Spaces &
Buildings



OOB COMMUNITY FRIENDLY CONNECTION (OBCFC)

WE NEED YOUR HELP!

Please take a few minutes of your time and complete this survey
Your opinions are very important.

You will be pleased to know that OBCFC has been accepted by AARP as the 40th Age Friendly Community in Maine! This survey will help create a 3 year guidance plan intended to enhance a vibrant, all-inclusive community, providing a great place to live, work, play and do business. All-inclusive means **every age**—newborns to 100+ and everyone in between! **We need your age to know what is important to each age group and to help address age related issues.**

The Survey is anonymous.

You do not need to provide your name.

Please DO provide your age.

Email Survey and Questions: OBCFC@yahoo.com

PLEASE DROP YOUR SURVEY AT THE TOWN CLERK'S OFFICE
OR

IN BOXES PROVIDED AT THE FOLLOWING LOCATIONS IN OOB:

Saco Biddeford Savings / Salvation Army / Libby Memorial Library
American Legion/Chamber of Commerce /Ocean Park PO /OPA/ Rite Aid

If you would like to be added to the OBCFC's mailing list, or would like to help out, please provide your information below, separate from the survey and put this in the same box.

Name: _____

Address: _____

Email: _____ **Phone:** _____



Please take a few minutes of your time to complete this survey, **as your opinions are very important.**

This survey is anonymous.

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Please **DO** provide your age.

Email Survey & questions: OOBFCF@yahoo.com

Community Friendly Connection Survey

1. I choose to live in Old Orchard Beach because (Please check all that apply)?

- ☐ A. I was born and raised here and love it
- ☐ B. I moved here because of my job
- ☐ C. It was affordable
- ☐ D. I love the strong sense of community
- Other (Please specify

- ☐ E. I wanted to be closer to friends and family
- ☐ F. I summered here and became a resident
- ☐ G. I wanted to be within walking distance of restaurants, entertainment, and the beach

2. How important is that you age in your current home?

- ☐ A. Very ☐ B. Somewhat ☐ C. Not at all important

3. What is your age?

- ☐ A. Under 30 ☐ B. 31-55 ☐ C. 56-75 ☐ D. 76 and over

4. On a scale of 1 to 3, with 1 being least important and 3 being most important, please rate the kinds of services that would make it easier for you to live in OOB?

	1	2	3		1	2	3
A. Assistance in getting the food I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Caregiver support (support group, respite)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Community Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. Daily phone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Help with chores in my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. Help with general house maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Library services (audio books, home delivery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I. Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Wellness classes or programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

5. Have you made use of the following places or programs?

- | | | |
|---|--|--|
| <input type="checkbox"/> A. Food Pantry | <input type="checkbox"/> C. General Assistance | <input type="checkbox"/> E. Heating Assistance |
| <input type="checkbox"/> B. Homestead Exemption | <input type="checkbox"/> D. Meals on Wheels | <input type="checkbox"/> F. Veterans Exemption |
-

6. On a scale of 1 to 3, with 3 being the most important and 1 being the least important, please rate these items.

	1	2	3		1	2	3
A. Town buildings that are accessible to people of all abilities and ages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. Designated parking for people with mobility limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Clear, easy to read Town signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I. Public places with adequate seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Sidewalks wide enough to accommodate strollers and wheelchairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J. Well maintained sidewalks and streets in the winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Well lit, safe streets, intersections, and sidewalks with curb cuts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K. Public restrooms that are free, clean, and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Path and street lighting at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L. Hearing assistance for public meetings and events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Inexpensive, affordable events for all ages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M. Cost efficient transportation for people of all abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Ensuring accessibility for vision impaired people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

7. Why would you move away from OOB? (Please check all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> A. Desire to live near friends and family | <input type="checkbox"/> D. Need public transportation or other transportation options |
| <input type="checkbox"/> B. Expense of your current home (i.e., Property tax, maintenance) is too high | <input type="checkbox"/> E. Need to be near medical area and conveniences (i.e., shopping, library, church, etc.) |
| <input type="checkbox"/> C. Need for smaller or more accessible home | |
-

8. In the next 5 years what services will you need? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> A. Babysitting | <input type="checkbox"/> J. Rides from family/friends |
| <input type="checkbox"/> B. Library services | <input type="checkbox"/> K. Home delivered meals |
| <input type="checkbox"/> C. Caregiver support | <input type="checkbox"/> L. Safety checks |
| <input type="checkbox"/> D. Modifications to help me stay in my home | <input type="checkbox"/> M. Home maintenance and chores |
| <input type="checkbox"/> E. Daycare | <input type="checkbox"/> N. Technology services (phone, internet) |
| <input type="checkbox"/> F. Personal care at home | <input type="checkbox"/> O. Housecleaning |
| <input type="checkbox"/> G. Finding medical equipment | <input type="checkbox"/> P. Wellness/fitness classes |
| <input type="checkbox"/> H. Public transportation | |
| <input type="checkbox"/> I. Help filling out forms | |

9. On a scale of 1 to 3, with 1 being not often and 3 being often, how often do you use these places?

	1	2	3		1	2	3
A. Amtrak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K. Libby Memorial Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. ShuttleBus-Zoom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L. OOB Beach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Ball Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M. OOB Municipal Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Basketball/Tennis Courts/ Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N. Recreation Track Field/Ball Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Chamber of Commerce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O. Skateboard Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Community Gardens at the Ball Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P. Rec Dept. Summer & School Programs, 50+ Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Dunegrass Country Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q. Veterans Memorial Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Fishing/Kayaking/ Swimming/Milliken Mills Pond, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R. Hiking & Biking Trails, Blueberry Plains, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Frequenting businesses along Old Orchard St., East/W.Grand, Saco Ave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S. Frequenting the Temple, Library & Businesses in Ocean Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Town square by amusement park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

10. Do you struggle with any of these necessities (Please check all that apply)?

- ☐ A. Daily living (cooking, cleaning, trash removal, groceries)
- ☐ B. Difficulty getting around in my home (falling, stairs, bathtub, etc.)
- ☐ C. Ease of connecting to others day to day (Internet & phone use)
- ☐ D. Financial demands too great (taxes, insurance, cost of repairs, paying bills)
- ☐ E. Maintaining my home (snow removal, lawn care, repairs)

Other (Please specify)

11. How do you find out about OOB events and meetings (Please check all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> A. Chamber of Commerce/website | <input type="checkbox"/> I. Portland Press Herald |
| <input type="checkbox"/> B. Channel 3 | <input type="checkbox"/> J. School Notices |
| <input type="checkbox"/> C. Courier | <input type="checkbox"/> K. Signs in Town/Banners |
| <input type="checkbox"/> D. Faith Based Organizations | <input type="checkbox"/> L. Social Media |
| <input type="checkbox"/> E. Flashing Town sign board | <input type="checkbox"/> M. Town/School email |
| <input type="checkbox"/> F. Friends/Family | <input type="checkbox"/> N. Town Website |
| <input type="checkbox"/> G. Journal Tribune | <input type="checkbox"/> O. Too hard to find out information |
| <input type="checkbox"/> H. Libby Memorial Library | |

Other (Please specify)

12. What kinds of things do you do when you go out? (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> A. Attend classes other than exercise | <input type="checkbox"/> L. Play cards or BINGO |
| <input type="checkbox"/> B. Attend faith-based activities | <input type="checkbox"/> M. Playgrounds |
| <input type="checkbox"/> C. Attend hobby group | <input type="checkbox"/> N. Senior center or group |
| <input type="checkbox"/> D. Attend School | <input type="checkbox"/> O. Shopping |
| <input type="checkbox"/> E. Beach | <input type="checkbox"/> P. Skateboard Park |
| <input type="checkbox"/> F. Bike/Hike | <input type="checkbox"/> Q. Visit local entertainment establishments |
| <input type="checkbox"/> G. Community Sponsored Events | <input type="checkbox"/> R. Visit friends/family |
| <input type="checkbox"/> H. Do errands | <input type="checkbox"/> S. Volunteer |
| <input type="checkbox"/> I. Eat at a restaurant | <input type="checkbox"/> T. Walk |
| <input type="checkbox"/> J. Medical appointments | <input type="checkbox"/> U. Watch school sports |
| <input type="checkbox"/> K. Participate in exercise class or sports | <input type="checkbox"/> V. Work |

13. In what neighborhood of OOB do you live?

- | | |
|--|---|
| <input type="checkbox"/> A. Beach/Downtown/East & West Grand | <input type="checkbox"/> E. Homewood Park |
| <input type="checkbox"/> B. Campground neighborhood/Washington Ave | <input type="checkbox"/> F. Ocean Park |
| <input type="checkbox"/> C. Dunegrass | <input type="checkbox"/> G. 55+ Communities |
| <input type="checkbox"/> D. Half-way | <input type="checkbox"/> H. Smithwheel Area |

Other (Please specify)

14. Describe your housing?

- ☐ A. Own home ☐ C. With my parents ☐ E. Rent ☐ G. Group facility
☐ B. Homeless ☐ D. Seasonal ☐ F. Subdivision
-

15. Are you homebound?

- ☐ A. Yes ☐ B. No
-

16. Are you in Town (check all that apply):

- ☐ A. Year round ☐ B. Part time ☐ C. Summer ☐ D. Own Property/Business
-

17. Do you provide care for an older or disabled family member or friend?

- ☐ A. No ☐ B. Yes
-

18. My nearest family lives?

- ☐ A. With me ☐ B. In town ☐ C. Within a 1 hour drive ☐ D. More than a 1 hour drive
-

19. Where do you want to live as you age?

- ☐ A. Assisted Living ☐ E. Move in with family/friends
☐ B. A warmer climate ☐ F. Senior Community
☐ C. Downsize to a smaller home ☐ G. With a roommate
☐ D. In my current home

Other (Please specify)

20. How do you usually get to appointments, shopping, and errands? (Please check all that apply)

- ☐ A. Bike or walk ☐ C. Spouse/Partner/Parent ☐ E. ShuttleBus-Zoom
☐ B. I drive ☐ D. Family or friends take me ☐ F. Uber/Lyft/Taxi
-

21. Who lives with you?

- ☐ A. I live alone ☐ C. Children over 18 ☐ E. Caregiver
☐ B. Spouse/Partner ☐ D. Parents/Older Relatives ☐ F. Children under 18

22. What do you love about OOB

23. What improvements could be made to make OOB a better place for people to live, work, and play?

24. What single thing would improve the quality of life in OOB?

In a Livable Community

People of all ages can

GO FOR A WALK

GET AROUND WITHOUT A CAR

ENJOY PUBLIC PLACES

WORK OR VOLUNTEER

FIND THE SERVICES THEY NEED

SHOP. SOCIALIZE. AND BE ENTERTAINED

LIVE SAFELY AND COMFORTABLY

...and make their own town, city, or

Neighborhood a lifelong home