



Your Long-Term Independence: Let's Plan on It

You answered the call; now help us answer yours. We're focusing on the long-term care needs of Montana's Veterans for the years to come.

What is long-term care? It's not limited to nursing homes or end-of-life planning. Think support groups, in-home care, home maintenance, transportation – essentially anything that enables you to live independently. For as long as possible.

Can you give us approximately 10 minutes in a single sitting, to better help us shape the future of long-term care for Veterans in Montana? Your survey will still be counted if you don't want to answer some questions, preferring to leave them blank; however, fully completed survey responses will help inform how we can best serve Montana Veterans and their long-term care needs in the future.

This survey doesn't evaluate your eligibility for any program; its goal is to steer us in the right direction. Rest assured, your responses will remain confidential.

Questions? Don't hesitate to call us at the DPHHS Senior and Long Term Care Division, (406)444-4077.

Your Future, Our Priority: Help Us Get It Right

Tell Us About You

Montana has a large number of Veterans. We want to understand your needs for future long-term care services. Your age and life stage will help us figure out what's important. (If you're filling this out for a Veteran, please answer as if you were them.) Your survey will still be counted if you don't want to answer some questions.

1. Please indicate who is completing this survey. Mark one.

- Veteran
- Spouse or partner of Veteran
- Friend, caregiver, or service on behalf of a Veteran
- Relative such as adult child, sibling, or other relative on behalf of a veteran

2. Gender

- Male
- Female
- Do not wish to disclose

3. Age

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-22 | <input type="checkbox"/> 40-49 | <input type="checkbox"/> 70-79 |
| <input type="checkbox"/> 23-29 | <input type="checkbox"/> 50-59 | <input type="checkbox"/> 80+ |
| <input type="checkbox"/> 30-39 | <input type="checkbox"/> 60-69 | |

4. Current marital status

- | | |
|---|--|
| <input type="checkbox"/> Single – never married | <input type="checkbox"/> Widow/widower |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Civil commitment or union |

5. How many years lived in Montana?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> 0-5 years | <input type="checkbox"/> 16-20 years |
| <input type="checkbox"/> 6-10 years | <input type="checkbox"/> More than 20 years |
| <input type="checkbox"/> 11-15 years | <input type="checkbox"/> All of your life |

6. In what Montana COUNTY do you currently live? Write your answer below.

Your Service Matters

We honor the commitment and sacrifices you've made to protect our way of life. Understanding the context of your experiences helps us better tailor long-term care options for Montana's Veterans. Your survey will still be counted if you don't want to answer some questions.

7. In which branch(es) of the military did you serve? Mark all that apply. Choose all that apply.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Merchant Marine |
| <input type="checkbox"/> Army | <input type="checkbox"/> Navy |
| <input type="checkbox"/> Coast Guard | <input type="checkbox"/> National Guard |
| <input type="checkbox"/> Marine Corps | <input type="checkbox"/> Space Force |

8. When did you serve in the U.S. Armed Forces?

- | | |
|---|--|
| <input type="checkbox"/> Choose all that apply | <input type="checkbox"/> February 1955 to July 1964 |
| <input type="checkbox"/> September 2001 or later | <input type="checkbox"/> Korean War (July 1950 to January 1955) |
| <input type="checkbox"/> August 1990 to August 2001 (includes Persian Gulf War) | <input type="checkbox"/> January 1947 to June 1950 |
| <input type="checkbox"/> May 1975 to July 1990 | <input type="checkbox"/> World War II (December 1941 to December 1946) |
| <input type="checkbox"/> Vietnam era (August 1964 to April 1975) | <input type="checkbox"/> November 1941 or earlier |

Your Living Situation

Good, affordable housing is key to well-being. The questions that follow won't affect your eligibility for any housing services. Instead, they'll help us understand the housing needs of Montana's aging Veterans. Your survey will still be counted if you don't want to answer some questions.

9. Whom do you live with?

- Live alone
- With spouse or partner
- With my spouse or partner and our family (ie. dependent children)
- With other family members (ie. siblings, adult children, parents, grandparents)
- With unrelated roommates
- Other

10. Where do you live?

- Own home
- Rent an apartment or other rental
- Temporary housing
- Shelter
- With family/friends
- Assisted living facility
- Long-term skilled nursing facility
- Retirement community
- Homeless
- Other

Getting Around

How you get from point A to point B matters. These questions won't determine your eligibility for any transportation services. Instead, they'll help us understand the transportation needs of Montana's aging Veterans. Your survey will still be counted if you don't want to answer some questions.

11. Do you drive?

- Yes
- No

12. How reliable is your transportation to get to medical appointments, work, groceries, and to travel about your community?

- Very reliable
- Most of the time reliable
- Occasionally reliable
- Not reliable at all

13. What is your primary method of transportation?

- My own vehicle
- My family and friends
- Paid local transportation such as a taxi, Uber, LIFT
- Public transportation such as a bus
- VA van
- Bicycle
- Walk
- Other

14. How far do you travel in one direction to access health care services?

To your primary care provider

- | | |
|--|--|
| <input type="checkbox"/> 0 - 10 miles | <input type="checkbox"/> 51 - 100 miles |
| <input type="checkbox"/> 11 - 25 miles | <input type="checkbox"/> 101 - 199 miles |
| <input type="checkbox"/> 26 - 50 miles | <input type="checkbox"/> More than 200 miles |

To any Federal Veterans Administration

- | | |
|--|--|
| <input type="checkbox"/> 0 - 10 miles | <input type="checkbox"/> 51 - 100 miles |
| <input type="checkbox"/> 11 - 25 miles | <input type="checkbox"/> 101 - 199 miles |
| <input type="checkbox"/> 26 - 50 miles | <input type="checkbox"/> More than 200 miles |

Your Work and Community Involvement

Whether you're employed, looking for work, retired, or volunteering, your experiences matter. We aim to understand how these different aspects of life contribute to the health and overall well-being of Montana's Veterans. Your survey will still be counted if you don't want to answer some questions.

15. Are you currently employed? Mark the box that best fits your employment.

- | | |
|---|--|
| <input type="checkbox"/> Part time 1-10 hrs/week | <input type="checkbox"/> Full time more than 40 hours per week |
| <input type="checkbox"/> Part time 11-20 hrs/week | <input type="checkbox"/> Not employed |
| <input type="checkbox"/> Part time 21-30 hrs/week | <input type="checkbox"/> Unemployed – looking for work |
| <input type="checkbox"/> Full time 31-40 hrs/week | <input type="checkbox"/> Disabled and unable to work |
| <input type="checkbox"/> Full time 40 hrs/week | <input type="checkbox"/> Retired |

Your Learning Experience

Whether it's through formal schooling, job training, or life lessons, your educational journey informs us. We're keen to understand how these experiences shape the health and well-being of Montana's Veterans. Your survey will still be counted if you don't want to answer some questions.

16. What is your highest level of formal education?

- | | |
|--|--|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Professional degrees beyond a bachelor's degree (for example, MD, DDS, DVM, LLB, JC) |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Doctorate degree (for example, PhD or EdD) |
| <input type="checkbox"/> Some college credit, but less than 1 year of college credit | <input type="checkbox"/> Trade or job skills training/certification outside of formal educational institutions |
| <input type="checkbox"/> Associate's degree (for example, AA or AS) | |
| <input type="checkbox"/> Bachelor's degree (for example, BA or BS) | |
| <input type="checkbox"/> Master's degree (for example MA, MS, MEng, MEd, MSW, MBA) | |

17. Are you currently enrolled in higher education or a job skills training program? Mark the higher education and/or job skills training program currently enrolled.

- | | |
|--|--|
| <input type="checkbox"/> Not currently enrolled in higher education or a job skills training program | <input type="checkbox"/> 4-yr college/university |
| <input type="checkbox"/> 2-yr college/vocational school | <input type="checkbox"/> Apprenticeship |
| | <input type="checkbox"/> On-the-job skill specific |
| | <input type="checkbox"/> Other |

Your Overall Well-Being

We're interested in more than just your physical health; mental and social well-being are equally important. Your answers will guide us in developing long-term care services that best enhance quality of life for Montana's Veterans as they age. Your survey will still be counted if you don't want to answer some questions.

18. How do you rate your overall health?

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Very good | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Good | <input type="checkbox"/> Very poor |

19. How often do you engage in physical exercise for more than 30 minutes per day?

- | | |
|---|--|
| <input type="checkbox"/> 6+ times per week | <input type="checkbox"/> 1-2 times per week |
| <input type="checkbox"/> 3-5 times per week | <input type="checkbox"/> 0 times per week/not at all |

20. Do you have a yearly routine checkup with your primary care provider?

- Yes No

21. Do you have any of the following chronic health conditions? Choose all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other mental health conditions |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Deafness |
| <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Visual impairment – a reduction in vision that cannot be corrected with standard glasses or contacts |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Blindness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Substance abuse (alcohol, tobacco, marijuana, other drugs) |
| <input type="checkbox"/> Arthritis or gout | <input type="checkbox"/> Long COVID-19 |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Skin conditions |
| <input type="checkbox"/> Liver disease | <input type="checkbox"/> Sleep disorder |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Other |
| <input type="checkbox"/> Depression | |
| <input type="checkbox"/> PTSD | |

22. How often do you seek medical treatment for any the health conditions you marked?

- | | |
|--|--|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Couple times a week | <input type="checkbox"/> Every couple of years |
| <input type="checkbox"/> Couple times a month | <input type="checkbox"/> Only when the need arises |
| <input type="checkbox"/> Once every three to four months | <input type="checkbox"/> Never |
| <input type="checkbox"/> Every six months | <input type="checkbox"/> Other |

23. Thinking about the past 30 days and your physical and mental health, how many days were good

Physical health good days:

- | | |
|--|--|
| <input type="checkbox"/> Nearly every day | <input type="checkbox"/> Less than half the days |
| <input type="checkbox"/> More than half the days | <input type="checkbox"/> Not at all |

Mental health good days:

- | | |
|--|--|
| <input type="checkbox"/> Nearly every day | <input type="checkbox"/> Less than half the days |
| <input type="checkbox"/> More than half the days | <input type="checkbox"/> Not at all |

24. Thinking about the last 12 months, how much time did you spend in each of the following?

As a patient in a hospital:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 3-5 days |
| <input type="checkbox"/> 1-2 days | <input type="checkbox"/> 6 or more days |

In a long-term care facility, including nursing home or inpatient rehabilitation facility:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 3-5 days |
| <input type="checkbox"/> 1-2 days | <input type="checkbox"/> 6 or more day |

Your Long-Term Care Needs

Long-term care encompasses a range of services to support your health and independence, whether due to age, illness, or disability. Your answers help us understand what you might need now or in the future, taking into account your current age and life stage. Your survey will still be counted if you don't want to answer some questions.

25. In your daily life, do you receive help with any of the following activities? Choose up to 12.

- | | |
|---|---|
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Walking around your home |
| <input type="checkbox"/> Dressing or grooming | <input type="checkbox"/> Doing your household chores |
| <input type="checkbox"/> Assistance using the bathroom | <input type="checkbox"/> Other assistance |
| <input type="checkbox"/> Getting in or out of bed or a wheelchair | <input type="checkbox"/> Managing your money |
| <input type="checkbox"/> Assistance with medications | <input type="checkbox"/> Using the telephone |
| <input type="checkbox"/> Eating | <input type="checkbox"/> I do not require any assistance in my daily activities |
| <input type="checkbox"/> Cooking or meal prep | |

26. Are you currently using any of the following long-term care services and supports?

- Choose all that apply
- Physical or occupational therapy
- Speech/language therapy
- Assistance with taking medication
- Personal care services such as cooking, laundry, bathing, toileting, eating, or dressing
- Home health or private duty nursing
- Adult day care
- Meals (home-delivered or congregate at senior centers, area agencies on aging, or other locations)
- Transportation
- Assisted living facility or habilitation setting such as a group home
- Skilled nursing facility
- Alzheimer's disease and other related dementia-support services
- Mental health counseling
- Other
- I am not currently using any of these service

27. If you are receiving any of the services listed above, who is providing those services to you? Mark all that apply.

- Choose up to 8
- I am not receiving services
- Spouse or partner
- Other family member
- Friends/neighbors
- Hired care attendant
- Care/provider agency
- Medical facility
- Community organization, such as an area agency on aging and/or senior center
- Other

28. Do you need long-term care services and supports that are not currently available where you live?

- Yes
- No
- Choose not to answer

29. If you are in need of services and supports that are not available near where you live, which service or services do you need?

- Choose all that apply
- I am not in need of services
- Physical or occupational therapy
- Speech or language therapy
- Assistance with taking medication
- Personal care services such as cooking, laundry, bathing, toileting, eating, or dressing
- Home health or private-duty nursing
- Adult day care
- Meals (home-delivered or congregate at senior centers, area agencies on aging, or other locations)
- Transportation
- Assisted living facility or habilitation setting, such as a group home
- Skilled nursing facility
- Alzheimer's disease and other related dementia-support services
- Mental health counseling
- Other

30. When thinking about your long-term care service and support needs, do you currently need long-term care services, or might you be needing them in the near future?

- Yes
- No
- I don't know

31. When thinking about your future long-term care needs, how soon would you expect that you might need access to long-term care services and supports?

- Within 6 months
- 6 months to 1 year
- 1-5 years
- 6-10 years
- 11-20 years
- 21-30 years
- More than 30 years

What's Important for Your Long-term Health Care Needs

We want to know more than just your physical health needs; your preferences matter. Your input can help shape long-term care services to enhance the quality of life for Montana's Veterans as they age. Your survey will still be counted if you don't want to answer some questions.

32. As you think about your future long-term care needs, how important are the following when weighing decisions about care?

Religious or spiritual beliefs

- Very important
- Somewhat important
- Not important

Cultural, racial, or ethnic background

- Very important
- Somewhat important
- Not important

Controlling pain

- Very important
- Somewhat important
- Not important

Financial considerations

- Very important
- Somewhat important
- Not important

Receiving trauma-informed care or care that recognizes the signs and symptoms of trauma and doesn't cause re-traumatization

- Very important
- Somewhat important
- Not important

Opportunities for socialization and recreation

- Very important
- Somewhat important
- Not important

Opportunity to age in place

- Very important
- Somewhat important
- Not important

Your Community Network

Family and organizational support can influence your well-being. We're interested in the local resources that make a difference for you. Your survey will still be counted if you don't want to answer some questions.

33. Are you familiar with the services that community-based organizations provide in your community? Please mark ALL organizations you're familiar with in your community. Choose all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Area agencies on aging | <input type="checkbox"/> Regional housing coalitions |
| <input type="checkbox"/> Senior centers | <input type="checkbox"/> Transition coalitions |
| <input type="checkbox"/> Advocacy organizations | <input type="checkbox"/> Mental health service authorities |
| <input type="checkbox"/> Aging and disability resource centers | <input type="checkbox"/> Suicide prevention programs |
| <input type="checkbox"/> Alzheimer disease and related dementia organizations | <input type="checkbox"/> Food insecurity supports such as food banks |
| <input type="checkbox"/> Traumatic brain injury organizations | <input type="checkbox"/> Opportunities to volunteer |
| <input type="checkbox"/> SHIP (State Health Insurance Program) Counselors | <input type="checkbox"/> Specific topic support groups |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Federal Veterans Administration and its programs |
| <input type="checkbox"/> Mental health organizations | <input type="checkbox"/> My community lacks many or most of these community supports |
| <input type="checkbox"/> Substance use treatment and recovery supports | <input type="checkbox"/> Other |

When Staying at Home Isn't Possible

Distance and limited resources in Montana can make home-based long-term care impractical for some. The following questions focus on your priorities when considering alternative long-term care options. Your survey will still be counted if you don't want to answer some questions.

34. If you were unable to care for yourself at home, where would you most likely expect to go to access long-term care support and services? Choose up to 5.

- | | |
|--|---|
| <input type="checkbox"/> State Veterans facility (located in Columbia Falls, Butte, or Glendive) | <input type="checkbox"/> Assisted living/personal care/habilitation facility or setting |
| <input type="checkbox"/> VA health care facility | <input type="checkbox"/> Retirement housing |
| <input type="checkbox"/> Nursing facility located in your community | <input type="checkbox"/> Family or friend's home |
| <input type="checkbox"/> Nursing facility located in another community | <input type="checkbox"/> Not sure |
| | <input type="checkbox"/> Other |

35. If you had to move away from your community to access long-term care supports and services, what other Montana community(ies) would you most likely relocate to? Choose up to 5.

- | | | |
|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Billings | <input type="checkbox"/> Great Falls | <input type="checkbox"/> Livingston |
| <input type="checkbox"/> Bozeman | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Miles City |
| <input type="checkbox"/> Butte | <input type="checkbox"/> Helena | <input type="checkbox"/> Missoula |
| <input type="checkbox"/> Columbia Falls | <input type="checkbox"/> Havre | <input type="checkbox"/> Other |
| <input type="checkbox"/> Glendive | <input type="checkbox"/> Kalispell | |
| <input type="checkbox"/> Glasgow | <input type="checkbox"/> Lewistown | |

36. What are some of the reasons you would select the communities you marked to relocate to?

- Choose all that apply:
- Distance is close to my current home.
- Family and friends live there, or closer in proximity to visit.
- My health care providers are there.
- Other

37. Assuming that both a Veteran-only facility and a facility that serves both Veterans and non-Veterans were available and offered the same level of care at the same cost to you, which would you choose for your own long-term care?

- Veteran-only
- Facility that serves both Veterans and non-Veterans
- No preference
- Don't know

38. If you needed long-term care and the cost to you were the same, which would you prefer, being in an official state Veterans home or being able to stay close to your community or family?

- Official state Veterans home
- Close to community/family
- No preference
- Don't know

39. If a state veterans nursing home offered care at half the cost but was located farther from your community and family, which would you prefer: the cost savings or staying close to home?

- Staying close to home
- Cost savings
- No preference
- Don't know

40. Would you use a state Veterans home if the facility were located within two (2) hours' driving distance from your home?

- Yes
- No
- No preference
- Don't know

41. Montana has three state-operated Veterans nursing care facilities: Columbia Falls, Butte, and Glendive. If you were to choose a state Veterans nursing home for your long-term care, which would you be most likely to choose?

- Columbia Falls
- Butte
- Glendive
- I would not choose a state Veterans nursing home for long-term care

42. Do you currently qualify for or have any of the following sources of funding for your health care needs?

- Choose up to 7.
- Choose not to answer
- Medicare
- Medicaid
- Long-term care insurance
- Federal Veterans aid and attendance
- Federal Veterans health care benefits
- Private health Insurance
- None
- Don't know
- Other

Family Support

We understand family support goes beyond words; it's an important part of many people's lives. Share how family influences your well-being. Your survey will still be counted if you don't want to answer some questions.

43. Are you concerned your family members, spouse, and/or children will be affected by your long-term care needs?

- Yes
- No
- Haven't thought about it

44. Have you informed your family and support system of your desires when it comes to long-term care planning?

- Yes
- No

45. How much input from family do you want when making long-term care decisions?

- None
- Very little
- Some
- A lot
- Don't know

46. How would you like your family/support system to provide input to you when making long-term care decisions? Choose up to 5.

- Listen to my wants and desires through open and honest discussions
- Attend medical and other important appointments with me to assist in advocating for my needs.
- Help me arrange documents to prepare for end of life, such as power of attorney (medical and financial),
- Provider Orders for Life-Sustaining Treatment (POLST), End of Life Registry
- Help me with the paperwork to apply for benefits (such as Veterans benefits, Medicaid, and Social Security)
- Other
- Prefer no family input
- Choose not to answer

State Funding for Veterans and Long-Term Planning

Where should the state allocate its resources to best support Veterans' long-term care needs? Your input can guide the planning and allocation of resources to assist Veterans with these types of services and supports. Your survey will still be counted if you don't want to answer some questions.

47. If additional funding were available for Veterans services and supports for long-term care, which would you view as the best use of state funds? Choose up to 6.

- Continue to provide funding for care of Veterans in one of the three existing state Veterans homes (Columbia Falls, Butte, and Glendive)
- Build additional state-operated Veterans homes somewhere else in Montana
- Provide funding to care for Veterans in their own homes and communities
- Improve or develop assisted living/retirement housing options for Veterans in local communities
- Improve or develop more Veteran Alzheimer's disease and related dementia-support services in local communities such as activity groups, adult day care, respite care, care-giver support, etc.
- Improve or develop more Veteran traumatic brain injury support services at the community level
- Improve or develop more Veteran mental and behavioral health services at the community level
- Improve or develop local transportation
- Expand and improve marketing and distribution of Veteran information and outreach materials
- Don't know
- Other

Background Questions

We have a few more questions that would help us better understand a bit more about the survey respondents. Your survey will still be counted if you don't want to answer some questions.

48. What is your race?

- White
- American Indian or Alaska Native
- Asian
- Pacific Islander
- Black or African American
- Hispanic, Latino, or Spanish origin
- Prefer not to disclose
- Other

49. Do you currently volunteer? About how many hours per week?

- 0 – Do not currently volunteer
- Less than 5
- 5-15
- 16-30
- 31-40
- More than 40 hours per week

Accessing Information Preference Questions

Your answers to the following questions will really inform us about the best methods for distributing important information to Veterans. Whether it's mail, internet, social media, TV, or another method, let us know how you access information about long-term care in Montana. Your survey will still be counted if you don't want to answer some questions.

50. How do you get your information?

- | | |
|--|---|
| <input type="checkbox"/> Choose up to 8: | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Online through websites and list serves | <input type="checkbox"/> Direct mail |
| <input type="checkbox"/> Social media | <input type="checkbox"/> Family and friends |
| <input type="checkbox"/> Newspaper online or paper copy | <input type="checkbox"/> Newsletters |
| <input type="checkbox"/> TV | <input type="checkbox"/> Other |

51. How do you get your mail?

- | | |
|--|--|
| <input type="checkbox"/> Home address | <input type="checkbox"/> Through a friend or family member address |
| <input type="checkbox"/> Post office box | <input type="checkbox"/> Other |

52. Where would you look for information about long-term care options and resources in Montana?

- | | |
|---|--|
| <input type="checkbox"/> Choose all that apply | <input type="checkbox"/> Family and friends |
| <input type="checkbox"/> Online search | <input type="checkbox"/> Local resources and community-based organizations |
| <input type="checkbox"/> Social media inquiry and discussions | <input type="checkbox"/> Other |
| <input type="checkbox"/> VA and/or other Veterans organizations | |

53. If you use the internet to research long-term care options and resources, where do you go on-line to use the internet? Choose up to 8.

- | | |
|--|--|
| <input type="checkbox"/> Home | <input type="checkbox"/> Someone else's home |
| <input type="checkbox"/> Work | <input type="checkbox"/> Through my phone |
| <input type="checkbox"/> School | <input type="checkbox"/> Other |
| <input type="checkbox"/> Public library | <input type="checkbox"/> I do not use the Internet |
| <input type="checkbox"/> Community based organization or resource center | |

54. How willing are you to use the internet for the following activities?

Obtaining news and information on long-term care

- | | |
|---|---|
| <input type="checkbox"/> Very willing | <input type="checkbox"/> Somewhat unwilling |
| <input type="checkbox"/> Somewhat willing | <input type="checkbox"/> Very unwilling |
| <input type="checkbox"/> Neither willing or unwilling | |

Researching long-term care services

- Very willing
- Somewhat willing
- Neither willing or unwilling

- Somewhat unwilling
- Very unwilling

Purchasing any goods or services

- Very willing
- Somewhat willing
- Neither willing or unwilling

- Somewhat unwilling
- Very unwilling

Responding to polls or surveys

- Very willing
- Somewhat willing
- Neither willing or unwilling

- Somewhat unwilling
- Very unwilling

Obtaining information on VA benefits

- Very willing
- Somewhat willing
- Neither willing or unwilling

- Somewhat unwilling
- Very unwilling

Applying for VA benefits

- Very willing
- Somewhat willing
- Neither willing or unwilling

- Somewhat unwilling
- Very unwilling

Applying for other state and federal programs (examples: public assistance, Medicaid, Social Security)

- Very willing
- Somewhat willing
- Neither willing or unwilling

- Somewhat unwilling
- Very unwilling

55. Would you be interested or willing to receive long-term care information by the following?

Email

- Yes
- No

Text

- Yes
- No

Direct mail

- Yes
- No

Planning for Veteran Cemetery Space

Montana's Legislature recently mandated an assessment of future burial needs for Veterans. We have multiple VA-funded state cemeteries and two national cemeteries. This section seeks your input on these options. Your survey will still be counted if you don't want to answer some questions.

56. How do you intend to be laid to rest?

- | | |
|--|--|
| <input type="checkbox"/> In-ground casket burial | <input type="checkbox"/> Cremation, cremains scattered or kept with family |
| <input type="checkbox"/> Cremation, in-ground burial | <input type="checkbox"/> Something else |
| <input type="checkbox"/> Cremation, columbarium (vault for cremains) | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Mausoleum (i.e. tomb within a monument or building) | |

57. Do you think you will be buried in a VA national or state Veterans cemetery?

- Yes
- No
- Don't know

58. Are you familiar with the eligibility criteria to be buried in a VA national or state Veterans cemetery?

- Yes
- No

59. What factors would play into your decision whether or not to be buried in a VA national or state Veterans cemetery? Choose all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Cost | <input type="checkbox"/> Religious preference |
| <input type="checkbox"/> Where family or friends are buried | <input type="checkbox"/> Travel distance for loved ones to visit cemetery |
| <input type="checkbox"/> Quality of service and appearance of cemetery grounds | <input type="checkbox"/> Too difficult or unable to make arrangements with the VA |
| <input type="checkbox"/> The honor of burial in a VA national shrine | <input type="checkbox"/> Want services that are not available at a VA cemetery |
| <input type="checkbox"/> My connection to the military and my past service to country | <input type="checkbox"/> Other |
| <input type="checkbox"/> Made other burial arrangements | |

60. If you choose to be buried in a private cemetery, do you think you will have your burial place marked by a headstone or marker provided by VA at no cost to you?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> No | <input type="checkbox"/> I am planning to be buried in a VA cemetery |

61. If you do not want a headstone or marker provided by the VA, what are the main reasons for this decision? Choose up to 5.

- | | |
|---|---|
| <input type="checkbox"/> Don't know about headstones and markers for Veterans | <input type="checkbox"/> Don't like VA headstones and markers |
| <input type="checkbox"/> Made other arrangements | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Want a headstone/marker like other family members | <input type="checkbox"/> Other |
| | <input type="checkbox"/> I want a VA headstone or marker |

62. Please mark your answers in the columns provided.

Have you informed your loved ones and support system about your chosen burial option?

- Yes No Choose not to answer

Have you communicated information about your Veterans burial benefits to your loved ones and support system?

- Yes No Choose not to answer

Have you applied for Pre-Need Determination of Eligibility for Burial in a VA national cemetery outside of Montana?

- Yes No Choose not to answer

Do you know the process for being buried in a state or tribal Veterans cemetery?

- Yes No Choose not to answer

Have you, or your loved ones on your behalf, applied for burial in a Montana Veterans or tribal Veterans cemetery?

- Yes No Choose not to answer

If there is room, would you like to be buried in a state Veterans cemetery in Montana?

- Yes No Choose not to answer

When you die, would you prefer to be buried in a cemetery where your loved ones are buried?

- Yes No Choose not to answer

Does the distance from your home and/or loved ones influence your decision about whether to be buried in a Veterans cemetery?

- Yes No Choose not to answer

63. If Montana were to expand the number of state or tribal Veteran’s cemeteries to meet the burial demand, where would be a good location?

- Livingston
- Blackfeet Reservation
- Crow Reservation
- Flathead Reservation
- Fort Belknap Reservation
- Fort Peck Reservation
- Little Shell Tribe location
- Northern Cheyenne Reservation
- Rocky Boy’s Reservation

Thank you again for your commitment and sacrifices.

You are appreciated! Thank you for taking the time to complete this assessment. Complete survey responses will help inform how we can best serve Montana Veterans and their long-term care needs in the future.

Please mail in your completed survey to:

DPHHS – Senior and Long Term Care Division
1100 N Last Chance Gulch, 4th Floor
Helena, MT 59601

If you have questions concerning this survey, please contact the DPHHS Senior and Long Term Care Division at (406)444-4077.