



Thank you for your participation in this survey, which will only be used to:

Determine how many residents of Ware, that are seniors, homebound, and/or disabled are in need of COVID-19 and seasonal flu vaccines to provide them either through a senior center vaccine clinic or homebound vaccine initiative.

Determine who and how many residents of Ware are homebound or require medically necessary electronic medical equipment in case of disaster or extended weather emergency. The information would be used solely to ensure that those residents will be assisted by Fire, EMS, and/or emergency managers in those situations quickly for their safety.

*Please complete only if you are a resident of the town of Ware. All information will be kept confidential.*

1. Do you reside in the town of Ware?  
 Yes       No
2. Have you completed a primary COVID-19 vaccine series? (Moderna, Pfizer, or Johnson & Johnson)  
 Yes       No
3. If yes, have you received a bivalent booster COVID-19 vaccine? (Moderna or Pfizer) (Newest vaccine formulation with two strains of COVID-19)  
 Yes       No
4. Would you like to be contacted to receive a COVID-19 booster vaccine at the Ware Senior Center?  
 Yes       No
5. Would you like to be contacted to receive a seasonal flu vaccine at the Ware Senior Center?  
 Yes       No
6. Are you homebound? (Unable to leave your residence without the assistance of at least one person)  
 Yes       No
7. Are you disabled?  
 Yes       No

8. Do you require medically necessary electrical equipment? (Oxygen, nebulizer, CPAP, etc.)  
 Yes             No
9. Do you have someone in your family or care for a person who is homebound? (Unable to leave their residence without the assistance of at least one person)  
 Yes             No
10. Do you have someone in your family or care for a person who is disabled?  
 Yes             No
11. Do you have someone in your family or care for a person who requires medically necessary electrical equipment? (Oxygen, nebulizer, CPAP, etc.)  
 Yes             No

Resident name: \_\_\_\_\_

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

Ware, MA 01082

Phone#: \_\_\_\_\_

Resident emergency contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Thank you!

Ware Council on Aging

Kirsten L Krieger RN, BSN, Public Health Nurse, Quabbin Health District

*Please return to:*

Ware Senior Center

1 Robbins Road, Ware, MA 01082

**or**

Ware Town Hall – Board of Health office – Public Health Nurse

126 Main Street, Ware, MA 01082