

[LOGO]

COMMUNITY SERVICES SURVEY

[NAME OF ORGANIZATION] would like to understand the challenges and needs of residents like you. The information collected will be used to ensure services are available in the future to address [COUNTY/COMMUNITY] residents' needs. All survey responses will be kept confidential.

1. Do you live in [COUNTY/COMMUNITY]?
 Yes
 No (Thank you for your time, but for the purposes of this survey you need to live in [COUNTY/COMMUNITY])
2. What is your zip code? _____
3. In the past 12 months, what is the **single greatest** challenge you and your household have experienced? (**CHECK ONE BOX ONLY**)
 Housing
 Child care
 Employment
 Health/mental health
 Education
 Food/nutrition
 Financial issues
 Transportation
 Other (PLEASE SPECIFY) _____
 Have not experienced any challenges

I. SERVICES RECEIVED

4. In the past 12 months, did you or members of your household receive any services from the [NAME OF ORGANIZATION]?
 Yes (**GO TO QUESTION 5**)
 No (**GO TO QUESTION 6**)
 5. Which services did you or members of your household receive from the [NAME OF ORGANIZATION]? (**CHECK ALL THAT APPLY**)
 Senior services
 LIHEAP (Home Energy Assistance Program)
 Rent/mortgage assistance
 Referral to other social service agencies _____
 Transportation assistance
 Other (PLEASE SPECIFY) _____
- 5a. Overall, how would you rate the services you or members of your household received from the [NAME OF ORGANIZATION]?
 Excellent
 Good
 Fair → Why did you rate the services received as fair or poor? _____
 Poor

- 5b. What suggestions do you have for changes or additions to the services provided by the [NAME OF ORGANIZATION]? _____

6. In the past 12 months, from which agencies/organizations in [COUNTY/COMMUNITY] have you or members of your household received services?

7. Which of the following challenges or barriers have you or members of your household experienced accessing services? (**CHECK ALL THAT APPLY**)
 Lack of transportation
 Location of services
 Times services available not convenient
 Language barrier
 Time from scheduling appointment to receiving services too long
 Other (PLEASE SPECIFY) _____

8. Which services, if any, have you or members of your family needed that were not available in [COUNTY/COMMUNITY]? _____

II. CURRENT NEEDS

9. With which of the following **health** needs could you or someone in your household use help? (**CHECK ALL THAT APPLY**)

- | | | |
|--|---|---|
| <input type="checkbox"/> Finding affordable health or dental insurance | <input type="checkbox"/> Paying for medical expenses (e.g., medical/dental checkups, prescriptions, glasses, hearing aids, wheelchairs) | <input type="checkbox"/> Mental health treatment including treatment for stress, depression, or anxiety |
| <input type="checkbox"/> Finding health or dental care | <input type="checkbox"/> Getting family planning or birth control | <input type="checkbox"/> Physical, emotional, or sexual abuse |
| <input type="checkbox"/> Getting medical care and/or insurance for a child | <input type="checkbox"/> Drug or alcohol treatment | <input type="checkbox"/> Other health needs (PLEASE SPECIFY) _____ |
| | | <input type="checkbox"/> None of the above |

10. With which of the following **housing** needs could you or someone in your household use help? (**CHECK ALL THAT APPLY**)

- | | | |
|---|--|--|
| <input type="checkbox"/> Finding emergency shelter | <input type="checkbox"/> Renter/tenant rights and responsibilities education | <input type="checkbox"/> Changes to home for a person with disabilities |
| <input type="checkbox"/> Finding affordable housing | <input type="checkbox"/> Learning basic home repair/property maintenance skills | <input type="checkbox"/> Yard work, snow removal, laundry, or house work |
| <input type="checkbox"/> Down payment/closing costs to buy a home | <input type="checkbox"/> Finding home repair services | <input type="checkbox"/> Other housing needs (PLEASE SPECIFY) _____ |
| <input type="checkbox"/> Qualifying for a loan to buy a home | <input type="checkbox"/> Making home more energy efficient | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Home ownership education | <input type="checkbox"/> Paying rent or mortgage, rent deposits/application fees | |

11. With which of the following **employment** needs could you or someone in your household use help? (**CHECK ALL THAT APPLY**)

- | | | |
|--|--|--|
| <input type="checkbox"/> Finding a full-time job | <input type="checkbox"/> Training/education for a job | <input type="checkbox"/> Other employment needs (PLEASE SPECIFY) _____ |
| <input type="checkbox"/> Applying for jobs | <input type="checkbox"/> Getting appropriate clothing or equipment (e.g., tools) for a job | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Writing a resume | <input type="checkbox"/> Finding child care | |
| <input type="checkbox"/> Learning how to interview for a job | | |

12. With which of the following **adult education** needs could you or someone in your household use help? (**CHECK ALL THAT APPLY**)

- | | | |
|---|---|---|
| <input type="checkbox"/> Getting a high school diploma or GED/HSED | <input type="checkbox"/> Learning how to use a computer | <input type="checkbox"/> Other adult education needs (PLEASE SPECIFY) _____ |
| <input type="checkbox"/> Getting a 2-year or 4-year college degree | <input type="checkbox"/> Improving communication or language skills | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Information about technical school programs or apprenticeships | <input type="checkbox"/> Learning English as a second language | |
| | <input type="checkbox"/> Completing college aid forms (e.g., FAFSA) | |

ANSWER QUESTION 13 ONLY IF THERE ARE CHILDREN UNDER THE AGE OF 18 IN YOUR HOUSEHOLD.

13. With which of the following **child care and child development** needs could you or someone in your household use help? (**CHECK ALL THAT APPLY**)

- | | | |
|--|--|--|
| <input type="checkbox"/> Finding affordable, quality, licensed child care in a convenient location | <input type="checkbox"/> Finding evening, nighttime, weekend or before/after school child care | <input type="checkbox"/> Screening for early intervention services (speech, developmental, mental, physical) |
| <input type="checkbox"/> Paying for child care | <input type="checkbox"/> Paying for school supplies, fees, or activities | <input type="checkbox"/> Other child care and child development needs (PLEASE SPECIFY) _____ |
| <input type="checkbox"/> Finding child care for children ages 0-3 | <input type="checkbox"/> Caring for children ages 0-3 at home | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Finding quality preschool for children ages 3-5 | | |

14. With which of the following **financial/legal (income management)** needs could you or someone in your household use help? (**CHECK ALL THAT APPLY**)

- | | | |
|--|---|---|
| <input type="checkbox"/> Budgeting and managing money | <input type="checkbox"/> Paying unexpected or emergency expenses | <input type="checkbox"/> Expunging a criminal record |
| <input type="checkbox"/> Opening a checking or savings account | <input type="checkbox"/> Problems with payday or title loans | <input type="checkbox"/> Getting legal help when denied public benefits |
| <input type="checkbox"/> Filling out tax forms | <input type="checkbox"/> Foreclosure/bankruptcy/repossession problems | <input type="checkbox"/> Getting basic furniture, appliances, or house wares |
| <input type="checkbox"/> Problems with a credit card or loan company | <input type="checkbox"/> Problems with child custody or support | <input type="checkbox"/> Getting clothing, shoes, or personal care items like soap, diapers, and toilet paper |
| <input type="checkbox"/> Problems with paying bills, such as utilities or credit cards | <input type="checkbox"/> Getting protection in domestic violence situations | <input type="checkbox"/> Other financial/legal needs (PLEASE SPECIFY) _____ |
| | <input type="checkbox"/> Deportation or immigration legal issues | <input type="checkbox"/> None of the above |

15. With which of the following **food and nutrition** needs could you or someone in your household use help? (**CHECK ALL THAT APPLY**)

- | | | |
|---|---|--|
| <input type="checkbox"/> Getting food or food assistance | <input type="checkbox"/> Getting access to senior congregate meal sites (meals served in a group setting) | <input type="checkbox"/> Getting nutritious foods during pregnancy |
| <input type="checkbox"/> Learning how to shop and cook for healthy eating or dietary restrictions (e.g., gluten free) | <input type="checkbox"/> Getting meals delivered to your home for a senior or disabled individual | <input type="checkbox"/> Obtaining breastfeeding education and assistance |
| | | <input type="checkbox"/> Other food and nutrition needs (PLEASE SPECIFY) _____ |
| | | <input type="checkbox"/> None of the above |

16. With which of the following **family support** needs could you or someone in your household use help? (**CHECK ALL THAT APPLY**)

- | | | |
|---|--|---|
| <input type="checkbox"/> Having access to transportation | <input type="checkbox"/> Disciplining a child more effectively | <input type="checkbox"/> How to help a child coping with emotional issues |
| <input type="checkbox"/> Buying a dependable car | <input type="checkbox"/> Talking to a child about inappropriate behavior/ addressing a child's inappropriate behavior (e.g., bullying, drugs, sex) | <input type="checkbox"/> Learning how to set goals and plan for your family |
| <input type="checkbox"/> Paying for car repairs | | <input type="checkbox"/> Other family support needs (PLEASE SPECIFY) _____ |
| <input type="checkbox"/> Paying for car insurance, registration or license fees | | <input type="checkbox"/> None of the above |

III. COMMUNITY AND CIVIC ACTIVITIES

17. In the past 12 months did you or someone in your household participate in the following activities?

	Yes	No	Don't Know
a. Register to vote in a local, state, or national election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Volunteer or participate in an organization, association, or group, such as PTA, Kiwanis, or church group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Work with others to solve a community problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. TECHNOLOGY AND INTERNET ACCESS

18. Do you have high-speed internet access at home via a smartphone, tablet, iPad, desktop or laptop computer or other device?

- | | | |
|---|--|--|
| <input type="checkbox"/> Yes (GO TO QUESTION 19) | <input type="checkbox"/> No (GO TO QUESTION 20) | <input type="checkbox"/> Don't know (GO TO QUESTION 20) |
|---|--|--|

19. Do you receive reduced price internet service?

- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|

V. PERSONAL AND HOUSEHOLD CHARACTERISTICS

20. What is your gender?

- Female
 Male

Prefer to self-describe _____

Prefer not to answer

21. What is your age?

- 18-24
 25-34
 35-44
 45-54
 55-64
 65+

Prefer not to answer

22. Are you of Hispanic, Latinx, or Spanish origin?

- Yes
 No

Prefer not to answer

23. What is your race? (**CHECK ALL THAT APPLY**)

- Asian
 Black or African American
 White
 American Indian or Alaska Native
 Native Hawaiian or Pacific Islander

Some other race (PLEASE SPECIFY) _____

Prefer not to answer

24. How many people live in your household? _____

25. What is the primary language spoken at home?

- English
 Spanish

Other (PLEASE SPECIFY) _____

26. What was your 2020 annual household income? Please consider all sources of income, before taxes, for everyone living with you in 2020.

- Less than \$15,950
 \$15,950-\$21,550
 \$21,551-\$27,150
 \$27,151-\$32,750
 \$32,751-\$38,350
 \$38,351-\$43,950
 \$43,951-\$49,550
 \$49,551-\$55,150
 \$55,151-\$59,630
 \$59,631-\$64,110
 More than \$64,110
 Don't know
 Prefer not to answer

Thank you for your participation.