



Economic Opportunities Commission

Community Needs Assessment Survey

Your voice is important to us. Please take a moment to help us identify the needs of our community. Results will be used to help address these needs in our community.

Housing

What is your housing status?

- Own
- Rent
- Staying with friends/family
- Homeless
- Hotel/motel
- Nursing/long term care
- Assisted living
- Group home

Do you receive a Section 8 voucher or live in an ARHA unit?

- Yes
- No

Which of the following things have happened within the past year?

- You received a notice for paying your rent late
- You received a court summons about your rent
- You received an eviction notice from the Sheriff
- You were evicted from your housing
- One or more utilities were at risk of disconnection due to non-payment
- One or more utilities were disconnected due to non-payment
- One or more utilities were disconnected for enough time to force your family to stay somewhere else to have your needs met
- You experienced an issue with housing (bug/pest infestation, leaks in roof/ceiling, fire, severe water damage) that made it unsafe for your family to remain in the housing

Food

Where do you usually get your food?

- Grocery Store
- 711/gas station/corner market
- Farmers market
- Food bank/church
- Fast food
- Old Presbyterian Meeting House breakfast
- Bag Lunch Program (Meade Memorial Church)
- Congregate Dinner Meal (Christ House)
- Online

Approximately how many miles do you have to travel to purchase groceries?

- Less than a mile
- 1 to 3 miles
- 4 to 8 miles
- 9 miles or more

Health

Do you have health insurance?

- Yes
- No

Have you ever had to go without medication because it cost too much?

- Yes
- No

How many times in the last six months have you been to the emergency room? _____

If you are sick where do you go for care?

- Private doctor
- Neighborhood Health/Arlandria Clinic
- Urgent Care
- Emergency Room
- CVS Minute Clinic
- Traveling Clinic
- Other/please describe _____

Child Care

Do you have children under age 18?

- Yes
- No

Are you your children's primary caretaker?

- Yes
- No

If no to above question, who provides your childcare?

- Friends
- Family
- Church
- Daycare
- Before or after school on campus
- Children stay home alone

Is your childcare provider dependable?

- Yes
- No

Do you need different childcare help?

- Yes
- No

What kind of childcare help do you need?

- Daycare center
- Before/after school care
- Care for child with special needs
- Evening hours due to work schedule
- Other (please specify) _____

If you have school age children, do your children receive free or reduced price lunch at school?

- Yes
- No

Employment

Are you able to work?

- Yes
- No

What is your employment status?

- Full time
- Not working, retired
- Part time
- Seasonal
- Unemployed

If unemployed, are you currently looking for work?

- Yes

If unemployed or underemployed please select the reason(s) why below.

- Lack skills/education
- Lack transportation
- Lack childcare
- Residency status
- Language barrier
- Layoff/downsizing
- Criminal background
- Mental health issues
- Substance use issues
- Lack permanent address

No

Permanent physical disability/ Temporary physical disability

Other (please specify)_____

Have you ever turned down a higher paying job or quit a job to avoid losing any public benefits?

Yes

No

Not Applicable

Do you receive any of the following public benefits?

SNAP (food stamps)

Medicaid

Medicare

Temporary Assistance for Needy Families (TANF)

Women, Infants, and Children (WIC)

What type(s) of income do you have? Check all that apply.

Child Support

Wages (employment)

Friends/family

No income

TANF

Pension/retirement

Dividends

Social Security

SSI/SSDI

Unemployment

Other (please specify) _____

If you do not receive any public benefits, please select why.

Over income

Sanctioned

Received maximum amount allowed

Do not know about these benefits

Other/please explain _____

What level of education have you completed?

High School Diploma

Trade School

Associate's Degree

Bachelor's Degree

Master's Degree

Professional Certification

GED

Some high school

8th grade or less

Didn't attend school

What is your total household income?

Less than \$10,000

\$10,000 to \$19,999

\$20,000 to \$29,999

\$30,000 to \$39,999

\$40,000 to \$49,999

\$50,000 to \$59,999

\$60,000 to \$69,999

\$70,000 to \$79,999

\$80,000 to \$89,999

\$90,000 to \$99,999

\$100,000 to \$149,999

\$150,000 or more

Demographic Information

Zip Code _____

In what year were you born? _____

How many people live with you?

- 0
- 1-2
- 3-4
- 5 or more

How many children live with you in your home?

- 0
- 1
- 2
- 3
- 4
- 5 or more

Which of the following best represents your racial or ethnic heritage

- Caucasian/White
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Non-Hispanic White or European American
- Latino/Hispanic American
- Other/please specify _____

What is your household type?

- Single adult
- Single female with children
- Single male with children
- Multiple adults with children
- Multiple adults without children

What is your gender?

- Male
- Female
- Transgender

What language do you speak at home?

- English
- Spanish
- Arabic
- Amharic
- Other/please specify _____

Is English your second language?

- Yes
- No

List three things that you feel are the top needs for your household

1. _____

2. _____

3. _____

Thank you for your participation!