

Agency Name
COMMUNITY STRENGTHS AND NEEDS ASSESSMENT

County _____ City _____ Zip Code _____ Date _____

(Agency name) is gathering information regarding services that are needed and problems affecting people in our community. Because we value your opinion, the information you provide will be used to improve the conditions in the community.

It is important that you COMPLETELY fill out and return this questionnaire. All information furnished is confidential. Your assistance will be greatly appreciated.

COMMUNITY NEEDS

1. What is your opinion regarding the following services if provide in your community?

(1) *Employment*

	<u>Necessary</u>	<u>Unnecessary</u>	<u>No Opinion</u>
(A) Internship /On-the-job training.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Job creation services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Job placement services (Resume /employment info).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(2) *Education*

	<u>Necessary</u>	<u>Unnecessary</u>	<u>No Opinion</u>
(A) Improved public education.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) GED /Adult basic education classes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Tutorial assistance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Youth services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(3) *Income Management*

	<u>Necessary</u>	<u>Unnecessary</u>	<u>No Opinion</u>
(A) Money management skills training.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Household financial counseling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Tax preparation assistance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(4) *Housing*

	<u>Necessary</u>	<u>Unnecessary</u>	<u>No Opinion</u>
(A) Rent /mortgage assistance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Decent /affordable housing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Housing counseling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) House rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) Weatherization (weather stripping, caulking, insulation.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(5) *Emergency*

	<u>Necessary</u>	<u>Unnecessary</u>	<u>No Opinion</u>
(A) Crisis intervention.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Food /clothes donation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Cash assistance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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(6) *Nutrition*

	<u>Necessary</u>	<u>Unnecessary</u>	<u>No Opinion</u>
(A) Nutrition counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Congregate meals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Home delivered meals for elderly /disabled.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Clean water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) *Health and Safety*

	<u>Necessary</u>	<u>Unnecessary</u>	<u>No Opinion</u>
(A) Physical /Dental exam and immunization.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Prevention of alcohol /drug abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Pregnancy related /infant health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Crime intervention.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(8) *Linkages with Other Services*

	<u>Necessary</u>	<u>Unnecessary</u>	<u>No Opinion</u>
(A) Child care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Transportation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Referral to other services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please list the unmet service(s) in your community if have any?

(1) _____ (2) _____
 (3) _____ (4) _____

3. Overall, please check three of the following services that are most needed in your area? (Check *only three*)

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Education | <input type="checkbox"/> Income Management |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Emergency | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Health and Safety | <input type="checkbox"/> Child Care | <input type="checkbox"/> Transportation |

4. Are you currently employed (including self-employed and part-time job)? Yes No

5. Would you attend educational or job training classes if it meant a better job? Yes - (Skip to question #7) No

6. If "No", Why? Lack of /can't afford child care Lack of transportation
 Satisfied with current job Other (Please specify) _____

7. Would you be willing to volunteer or participate in a community group? Yes No

8. Based on your observation, do you think the local and new businesses are expanding in your community? Yes No

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TELL US ABOUT YOUR HOUSEHOLD

- 13. (1) Are you the single head of household? Yes No

- (2) Your family size: 1-2 3-4 5-6 7-8 9 or more

- (3) Number of children under age 5 in household: None 1-2 3-4 5 or more

- (4) Number of disabled children in household: None 1-2 3 or more

- (5) Number of disabled adults in household: None 1-2 3 or more

- (6) Number of elderly (age 60 or over) in household: None 1-2 3 or more

- (7) Your household annual income:
 - \$0 - 4,999 \$5,000 - 9,999 \$10,000 - 14,999
 - \$15,000 - 19,999 \$20,000 - 24,999 \$25,000 or over

- (8) Your household income source(s): *(Please check all that apply)*
 - Wages Unemployment Insurance Social Security /SSI Food Stamps
 - TANF VA Benefits Pensions Other *(Specify)* _____

- (9) Your housing: Own Rent Homeless Other *(Please specify)* _____

FUTURE CONTACT

There is a possibility that we may want to contact you to further discuss the information you have provided. If you do not object to being contacted, please provide your name and telephone number below.
Whether or not you include your name and number, please return this questionnaire at your earliest convenience. Thank you!

Name _____ Phone Number (_____) _____ - _____

(DCS-MDHS-Rev. 11-2000)