

1. Please identify yourself. I am a: (check all that apply)

- Staff of other Non-Profit organization
- Client/Customer of other Non-Profit organization
- Community Member
- Community Action Staff Member

Other (please specify)

2. Please check all Community Action programs you are familiar with.

- Head Start, Early Head Start, or GSRP
- Senior/Disabled Transportation
- Congregate or Home Delivered Meals
- Foster Grandparent Program
- Emergency Services (utility rent/mortgage assistance)
- Commodity Supplemental Food
- Home Weatherization
- Home Rehab/Repair
- GED Program
- None of the above

3. Which services would you most like to see continued. Please list your top five services with 1 being the most important and 5 being the least important.

	1	2	3	4	5
Head Start, Early Head Start or GSRP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior/Disabled Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congregate or Home Delivered Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster Grandparent Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Services (utility rent/mortgage assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commodity Supplemental Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Weatherization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Rehab/Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not apply to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GED Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the zipcode in which you live?

5. In what county do you live?

- Barry County
  Jackson/Lenawee/Hillsdale  
 Branch County
  Kalamazoo  
 Calhoun County
  Other  
 St. Joseph County

Please specify Other

6. What do you believe are the strengths in your community?

7. What do you believe are the weaknesses in your community?

8. Your Race: (check all that apply)

- African-American  Native American/Alaskan  
 White  Asian/Pacific Islander

9. Are you of Hispanic origin?

- Yes  
 No

10. Is English the primary language spoken in your home?

- Yes  
 No

If no, what is the primary language?

11. Your age:

- Under 18 years  45-54 years  
 18-23 years  55-69 years  
 24-44 years  Over age 70

12. Your Gender:

- Male  
 Female

13. Your Family Type: (check only one)

- Single parent/female  Single person  
 Single parent/male  Two adults/no children  
 Two-parent household with children  Other

14. In the last 12 months, have you received assistance for: (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> None- I have not received assistance | <input type="checkbox"/> Utility bills  |
| <input type="checkbox"/> Rent/mortgage bills/financing        | <input type="checkbox"/> Property taxes |
| <input type="checkbox"/> Rehab/home repair                    | <input type="checkbox"/> Medical bills  |
| <input type="checkbox"/> Energy efficiency improvements       | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Emergency food aid                   |   |
| <input type="checkbox"/> Other (please specify)               |   |

15. Please check off 3 boxes that you feel are the most important to your clients or community members.

- Having Health Insurance
- Further Education
- Getting training for a new job
- Moving to a better neighborhood
- Buying a home
- Reliable transportation
- Childcare
- Getting a job with benefits
- Getting a job with better wages
- Having affordable housing
- Keeping kids in school
- Getting help for drug or alcohol addiction
- Having enough food
- Keeping utility bills current
- Having good credit
- Parenting skills
- Domestic abuse
- Reading and writing
- Other (please specify)

16. Does your community have needs/concerns that are not met by a community agency or resource?  
(check all that apply)

- A Place to Live (currently homeless or living with family/friends)
- Adult Foster Care or Assisted Living
- Affordable Child Care
- Affordable Health Insurance
- Affordable Pre-Schools
- Affordable Recreation
- Affordable Rental Housing
- Child Abuse Prevention
- Dental Care
- Drug or Alcohol Abuse Assistance
- Food Assistance
- GED or other adult education
- Home Health Care
- Hospital Services
- Job Placement/Better job
- Job Training
- Legal issues
- Medical Services (other than hospital)
- Mental Health Services or other Counseling
- Mortgage assistance
- Nursing Home Care
- Nutrition assistance
- Parenting classes
- Prescription Drug Assistance
- Reliable Transportation
- Spousal Abuse Assistance
- Utility Bill Assistance
- Other (please specify)