

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

- Community Action Food & Nutrition Service Client
- Community Action Housing & Support Service Client (Utility, Rent/Mortgage, Home Rehab, Weatherization Assistance)
- Community Action Head Start or Early Head Start or GSRP parent
- Community Action Transportation Client
- Community Member: Non-Client
- Community Action Foster Grandparent
- GED Program participant

Other (please specify)

2. If you could choose only one service to receive from Community Action, what would it be?

- 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
- Does not apply to me

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. Is there a service that you need that is not on the list above? If so, please tell us what service(s) you may need.

5. What is the zipcode in which you live?

6. In what county do you live?

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

Please specify Other

7. What City or Township do you live in?

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

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

10. Your Race: (check all that apply)

African-American

Native American/Alaskan

White

Asian/Pacific Islander

11. Are you of Hispanic origin?

Yes

No

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

Yes

No

If no, what is the primary language?

13. Your age:

Under 18 years

45-54 years

18-23 years

55-69 years

24-44 years

Over age 70

14. Your Gender:

Male

Female

15. Your Family Type: (check only one)

- |  |  |
|--|--|
| <input type="radio"/> Single parent/female               | <input type="radio"/> Single person          |
| <input type="radio"/> Single parent/male                 | <input type="radio"/> Two adults/no children |
| <input type="radio"/> Two-parent household with children | <input type="radio"/> Other                  |

16. Highest grade of school completed:

- |  |  |
|--|--|
| <input type="radio"/> Grades 0-8                 | <input type="radio"/> Associate Degree             |
| <input type="radio"/> Grades 9-12 (Non-Graduate) | <input type="radio"/> Undergraduate Degree         |
| <input type="radio"/> High School Graduate/GED   | <input type="radio"/> Graduate/Professional Degree |
| <input type="radio"/> 12+ Some Secondary         |  |

17. What is your annual household income (before taxes)?

- |  |   |
|--|---|
| <input type="radio"/> Less than \$10,000 | <input type="radio"/> \$30,000-\$34,999 |
| <input type="radio"/> \$10,000-\$14,999  | <input type="radio"/> \$35,000-\$39,999 |
| <input type="radio"/> \$15,000-\$19,999  | <input type="radio"/> \$40,000-\$44,999 |
| <input type="radio"/> \$20,000-\$24,999  | <input type="radio"/> \$45,000-\$49,999 |
| <input type="radio"/> \$25,000-\$29,999  | <input type="radio"/> \$50,000 or more  |

18. Please tell us your employment status

- Full time
- Part time
- In job training program
- Unemployed

19. If employed, what is your typical work schedule

- Full time days
- Full time afternoons
- Full time nights
- Part time with hours that vary
- Part time with set schedule
- Does not apply
- Other (please specify)

20. What is your school or job training schedule?

- days
- evenings
- Does not apply
- Other (please specify)

21. Your Source of Income (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> No income              | <input type="checkbox"/> Supplemental Security Income |
| <input type="checkbox"/> TANF/Public Assistance | <input type="checkbox"/> Social Security              |
| <input type="checkbox"/> Unemployment           | <input type="checkbox"/> Retirement/Pension           |
| <input type="checkbox"/> Employment ONLY        | <input type="checkbox"/> Employment + other sources   |

22. Do you have a (check all that apply)

- Checking account
- Savings account
- Credit card
- Debit card
- Pre-paid card
- None of the above

23. Have you used a: (mark all that apply) within the last year

- Check cashing store
- Payday loan store
- Fast-cash Tax refund
- None

24. In general, do you feel that you are financially:

- Better off than 1 year ago
- About the same as 1 year ago
- Worse off than 1 year ago

25. Does anyone in your household have a disability? (Check all that apply)

- No-Not applicable
- Yes-Self
- Yes-Spouse
- Yes-child/children
- Yes-Someone else living in the home

26. Do you have a child/children in your home between the ages of 0-8?

- Yes
- No (if no go to question 31)

27. How many child/children do you have in your home between the ages of 0-8?

28. Do you have a child/children 0-4 years old in your home that needs full-day childcare?

- Yes
- No

29. If you were eligible for free childcare for your child/children how would you use it? (Please mark all that apply)

- In order to go to school.
- In order to go to work.
- For your child to gain education or socialization skills.
- For 4 hours a day.
- For 6 hours a day.
- For 8-10 hours a day
- I am not interested in free childcare

30. What are your barriers to getting your child/children involved in a free educational program for 3.5 hours a day? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Transportation     | <input type="checkbox"/> Location                   |
| <input type="checkbox"/> Language barrier   | <input type="checkbox"/> Do not qualify/over income |
| <input type="checkbox"/> Hours of operation | <input type="checkbox"/> Other                      |

Other (please specify)

31. Currently, where do you live?

- |   |   |
|---|---|
| <input type="radio"/> In a home I own                   | <input type="radio"/> I am homeless       |
| <input type="radio"/> I rent a house/apartment          | <input type="radio"/> I live in a shelter |
| <input type="radio"/> I live with family and/or friends |   |
| <input type="radio"/> Other (please specify)            |   |

32. Which of the following has MOST affected your ability to obtain affordable housing in our community? (check the one that most applies)

- |   |   |
|---|---|
| <input type="radio"/> None - I have affordable housing    | <input type="radio"/> Homes are not good quality                        |
| <input type="radio"/> Rent/mortgage payments are too high | <input type="radio"/> Not enough homes available                        |
| <input type="radio"/> I have credit problems              | <input type="radio"/> I have legal issues such as Eviction, Felony etc. |
| <input type="radio"/> Homes are not handicap accessible   |   |

33. Which MOST affects your ability to pay for heating/utility costs? (select one)

- |   |   |
|---|---|
| <input type="radio"/> I am able to pay my own heating/utility costs | <input type="radio"/> I need help with budgeting  |
| <input type="radio"/> My income is too low                          | <input type="radio"/> My home is poorly insulated |
| <input type="radio"/> Utility costs are too high                    |   |
| <input type="radio"/> Other (please specify)                        |   |

34. 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)               |   |

35. Do you have existing housing rehabilitation/repair needs? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> No my home does not need repair                                      | <input type="checkbox"/> Exterior (e.g., siding windows) |
| <input type="checkbox"/> Health/Safety Issues (railings, porch repair, wheelchair ramps etc.) | <input type="checkbox"/> Roofing                         |
| <input type="checkbox"/> Interior (e.g., plumbing, electric)                                  |  |
| <input type="checkbox"/> Other (please specify)   |  |

36. Last year did you ask for an Earned Income Tax Credit in preparing your tax returns?

- |                           |   |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> Not applicable- did not qualify |
| <input type="radio"/> No  | <input type="radio"/> Do not know                     |

37. What type of health insurance does your family have? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Medicaid               | <input type="checkbox"/> Insurance through employer |
| <input type="checkbox"/> Medicare               | <input type="checkbox"/> Self-purchased insurance   |
| <input type="checkbox"/> MI Child               | <input type="checkbox"/> None                       |
| <input type="checkbox"/> Other (please specify) |   |

38. Does your family have a primary Doctor for medical care?

- |                           |
|---------------------------|
| <input type="radio"/> Yes |
| <input type="radio"/> No  |



39. Does your family have consistent dental care?

- yes
- no

40. My household employment has provided the basic needs for my family over the last 12 months, without accessing public assistance.

- True
- False

41. Which of the following has MOST affected you or a member of your household's ability to get and/or keep a job? (select one)

- None - This isn't a problem
- Lack of skills
- Felony conviction
- Lack of education (diploma, degree)
- Lack of childcare
- Shortage of jobs
- Lack of transportation
- I can't find a job that pays enough to meet my needs

42. Identify what issues have impacted your ability to be successful. Choose all that are MOST accurate for you and/or your household:

- None, this isn't a problem for me
- I am a teenage parent
- I do not speak English well
- I have a disability
- I need affordable childcare
- I need a high school diploma
- I need to earn a college degree
- I do not receive consistent child support payments
- I need help learning to read better
- I have physical and/or mental health problems
- There is violence and/or abuse in my home
- I need a higher paying job to support myself/my family without assistance
- I have a felony record
- I have a substance abuse problem
- I have been or am homeless
- I have credit and/or money problems
- I am divorced or a single parent
- I need more reliable transportation
- I need food assistance

43. What items would help you or a member of your household to be more successful?

Choose all that are MOST accurate for you and/or your household.

- |   |  |
|---|--|
| <input type="checkbox"/> None, this isn't a problem for me  | <input type="checkbox"/> Help with housing repairs/home maintenance    |
| <input type="checkbox"/> A higher paying job so I can support myself/my family without assistance | <input type="checkbox"/> Learning to budget and manage my money better |
| <input type="checkbox"/> Childcare so I can work  | <input type="checkbox"/> Support services related to my disability     |
| <input type="checkbox"/> Learning to read better  | <input type="checkbox"/> Improved/additional job skills                |
| <input type="checkbox"/> Reliable transportation  | <input type="checkbox"/> High school or GED education                  |
| <input type="checkbox"/> A job with benefits  | <input type="checkbox"/> Assistance starting a business                |
| <input type="checkbox"/> Access to health care and/or substance abuse program                     | <input type="checkbox"/> Affordable/stable place to live               |
| <input type="checkbox"/> English as a Second Language classes                                     | <input type="checkbox"/> Regular child support payments                |
| <input type="checkbox"/> Help with family relationships/parenting                                 |  |

44. Is there something that you want to do or are determined to do within the next few years?

45. Please check off 3 boxes that are the most important to you right now.

- 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)

46. Are you registered to vote?

- Yes
- No

47. Do you have needs/concerns that the agency doesn't meet?

- 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)

48. Were you connected to a secondary service while seeking assistance from Community Action?

Yes

No