**SAMPLE COMMUNITY NEEDS ASSESSMENT SURVEY**

**FOR THE ROSS SERVICE COORDINATOR PROGRAM**

Part I: Household Information:

1. Are you an adult 18 years or older? (circle one)

|  |  |
| --- | --- |
| Yes | No |

1. Are you the head of household? (circle one)

|  |  |
| --- | --- |
| Yes | No |

1. Does anyone in your household have a mental or physical disability? (circle one)

|  |  |
| --- | --- |
| Yes | No |

Part II: Community/Household Needs:

1. How would you rate the following issues for your household?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Issue** | **Serious Problem** | **Moderate Problem** | **Not a Problem** | **Does Not Apply to My Household** |
| Availability of job training opportunities |  |  |  |  |
| Availability of jobs for adults |  |  |  |  |
| Availability of jobs for youth |  |  |  |  |
| Education |  |  |  |  |
| Availability of child-care services |  |  |  |  |
| Lack of computer/digital literacy |  |  |  |  |
| Lack of affordable Internet service |  |  |  |  |
| Cost of living |  |  |  |  |
| Income/wages |  |  |  |  |
| Debt |  |  |  |  |
| Financial security |  |  |  |  |
| Availability of financial services |  |  |  |  |
| Availability of financial counseling |  |  |  |  |
| Elderly living assistance (62+) |  |  |  |  |
| Physical health |  |  |  |  |
| Mental health |  |  |  |  |
| Seeking employment with a criminal record |  |  |  |  |
| Obtaining a degree/diploma with a criminal record |  |  |  |  |
| Availability of substance abuse services |  |  |  |  |
| Need for substance abuse treatment |  |  |  |  |

1. What are the things that make it difficult for you or other adults in your household to find and/or keep work? (check all that apply)

|  |  |
| --- | --- |
| **BARRIER** | **Check All that Apply** |
| Nothing |  |
| Need affordable childcare |  |
| Caring for a family member who is sick or disabled |  |
| Do not speak English well |  |
| Need computer training |  |
| Need transportation |  |
| Need Internet access |  |
| Need job experience |  |
| Need job training |  |
| No job opportunities |  |
| Do not have a high school diploma/GED |  |
| Do not have a college degree |  |
| Disability |  |
| Criminal record |  |
| Lack of transportation |  |
| Other – specify |  |
| Other – specify |  |
| Other – specify |  |
| Don’t know |  |
| No response |  |

1. Do you or others in your household have interest in the following? (check all that apply)

|  |  |
| --- | --- |
| **INTEREST** | **Check All that Apply** |
| GED/Adult education |  |
| Vocational training |  |
| Increasing income |  |
| Getting a job |  |
| Getting a better job |  |
| Computer training |  |
| Saving money |  |
| Eliminating debt |  |
| 2-year college |  |
| 4-year college |  |
| Trade school |  |
| Other (specify) |  |
| Other - specify |  |
| Don’t know |  |
| None |  |
| No response |  |

1. Do you or another adult in your household have difficulty with any of the following? (check all that apply)

|  |  |
| --- | --- |
| **SUBJECT/SKILL** | **Check All that Apply** |
| Reading |  |
| Math |  |
| Writing |  |
| Speaking English |  |
| Writing English |  |
| Using a computer |  |
| Other – specify |  |
| Other – specify |  |
| Other – specify |  |
| Don’t know |  |
| None |  |
| No response |  |

1. What are the primary health care needs of your household? (check all that apply)

|  |  |
| --- | --- |
| **HEALTHCARE NEEDS** | **Check All that Apply** |
| Primary health care |  |
| Pediatric (child) care |  |
| Prenatal (pregnancy) care |  |
| Dental care |  |
| Healthcare education/prevention |  |
| Nutrition and exercise programs |  |
| Services to help alleviate stress/anxiety/depression |  |
| Assistance with daily living for elderly/disabled residents |  |
| Health screening services |  |
| Substance abuse treatment |  |
| Smoking cessation programs |  |
| Drinking cessation programs |  |
| Transportation to healthcare services |  |
| Other – specify |  |
| Other – specify |  |
| Other – specify |  |
| Don’t know |  |
| None |  |
| No response |  |

1. What is your gender? (check one)

|  |  |
| --- | --- |
| **GENDER** | **Check One** |
| Identifies as female |  |
| Identifies as male |  |
| Other |  |

1. What is your age (check range)

|  |  |
| --- | --- |
| **AGE RANGE** | **Check One** |
| 18-24 |  |
| 25-34 |  |
| 35-44 |  |
| 45-54 |  |
| 55-65 |  |
| 65 or older |  |
| No response |  |