



Community Needs Assessment Survey

NAME: _____

I am a:

- Public Housing Resident

 Section 8 (voucher) Participant

1. Community/ Household Needs

	Serious Problem	Moderate Problem	Not a Problem	Does not Apply to my problem
Availability of job training opportunities				
Availability of job for adults				
Availability of job for youth				
Education				
Child-care services				
Cost of living				
Income/Wages				
Debt				
Financial Security				
Availability of Financial Services				
Availability of Financial Counseling				
Elderly living assistance (62+)				
Availability of health care				
Health of residents				
Seeking employment with a criminal record				
Obtaining a degree/diploma with a criminal record				
Substance abuse services				
Substance abuse treatment				

2. 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	Head of Household	Other adult household member
Nothing		
Need affordable Childcare		
Caring for a family member who is sick or disabled		
Do not speak English well		
Need Transportation		
Need job experience		
Need job training		
No job opportunities		
Do not have a high school diploma or GED		
Do not have a college degree		
Disability		
Criminal record		
Child Care		
Transportation		
Other (specify)		
Don't know		
No response		

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

Interest	Head of Household	Other adult household member
GED/Adult Education		
Vocational Training		
Increase Income		
Getting a job		
Saving Money		
Eliminating Debt		
2-year college		
4-year college		
Other (specify)		

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

Subject/Skill	Head of Household	Other adult household member
Reading		
Math		
Speaking English		
Reading English		
Writing English		
Using a computer		

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

Health Care Needs	Head of Household	Other adult household member
Primary health care		
Pediatric (child) care		
Prenatal (pregnancy)		
Dental care		
Health care education/prevention		
Nutrition and exercise programs		
Services to help alleviate stress, anxiety, depression		
Assistance with daily living elderly/disable residents		
Health screening services		
Substance abuse treatment		
Stop smoking programs		
Stop drinking programs		
Transportation to health care services		
Other (specify)		
None		
No response		

6. What is your gender? (circle one)

Gender	Head of Household	Other adult household member
Identifies as Female		
Identifies as Male		
Other		

7. What is your age?

Age	Head of Household	Other adult household member
18-24		
25-34		
35-44		
45-54		
55-64		
65 or older		
No response		