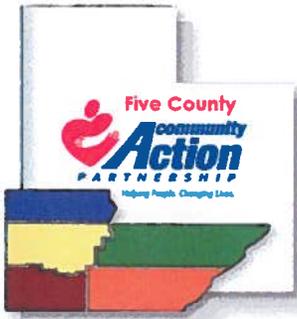


AGENDA ITEM # IV.



Five County Community Needs Assessment 2013
Beaver * Garfield * Iron * Kane * Washington

The following 29 questions are designed to develop a greater understanding of the needs of your community. When answering these questions, please consider both your personal needs and the needs of the community in general. You may mark multiple answers in many of the questions. If you only identify 1 or 2 of the items as priorities, then only check that many boxes. If the priority you identify is not on the list please write it below the question with any comments you may have.

Thank you for taking the time to complete this survey!

1. What do you feel are the primary EMPLOYMENT issues in this community? (Check a maximum of 3 boxes)

- Cost of childcare
- Not enough good paying jobs with benefits
- Unable to find jobs in area
- Wages are too low
- People lack skills to obtain a job
- People lack education to obtain a job
- Lack of transportation
- Employment income impacts eligibility for services
- Alcohol/Drug use
- Having a record or felony
- Disability/chronic illness
- Employers leaving the area
- Other employment issues of concern or comments?

2. What do you feel are the primary EDUCATION issues in this community? (Check a maximum of 3 boxes)

- Lack of vocational training
- Lack of GED/Adult Education Classes
- Lack of college education
- Lack of dropout prevention for youth
- Lack of preschool programming

AGENDA ITEM # IV. (Continued)

- Lack of transportation (school related)
- Lack of childcare (school related)
- Cost of tuition
- Having to work
- Substance abuse
- Other education issues of concern or comments?

**3. What do you feel are the primary HOUSING issues in this community?
(Check a maximum of 3 boxes)**

- High cost of homeownership
- High cost associated with moving
- Lack of temporary emergency housing (homeless)
- Lack of temporary emergency housing (domestic violence)
- Lack of affordable rental housing
- Housing in poor condition
- Utility costs are high
- Credit reports
- Background checks
- Criminal history
- Other housing issues of concern or comments?

**4. What do you feel are the primary NUTRITION issues in this community?
(Check a maximum of 3 boxes)**

- High cost of healthy foods
- Not enough income to cover food costs
- Lack of transportation to grocery store/food pantry
- Lack of knowledge on healthy food choices
- Lack of knowledge on available nutrition programs (WIC, SNAP, etc)
- Food resources not available (senior meals, meals on wheels, food pantry)
- Lack of after school meal programs for children
- Other nutrition issues of concern or comments?

AGENDA ITEM # IV. (Continued)

5. What do you feel are the primary INCOME issues in this community? (Check a maximum of 3 boxes)

- High cost of check cashing/cash advance services
- Difficulty with money management
- Lack of use of free tax preparation (low-moderate income)
- Lack of knowledge about savings
- Lack of knowledge about addressing credit issues
- Lack of knowledge about possible resources, i.e. food stamps, medical coverage, etc.
- Lack of interest in making appropriate use of income
- Other income issues of concern or comments?

6. What do you feel are the primary TRANSPORTATION issues in this community? (Check a maximum of 3 boxes)

- Lack of accessible transportation for non-emergency medical situations
- Lack of knowledge on how to buy a vehicle
- Cost of owning and operating a vehicle
- Lack of credit to buy a vehicle
- Cost of gasoline
- Lack of assistance in learning to drive/getting a license
- Lack of public transportation
- Location of DMV
- Other transportation issues of concern or comments?

7. What do you feel are the primary HEALTH CARE issues in this community? (Check a maximum of 3 boxes)

- No insurance
- Costs too much
- No doctors/clinics in town
- No transportation to doctor
- Doctors will not accept Medicaid
- Lack of resources for alcohol/drug treatment
- Lack of resources for mental health treatment

AGENDA ITEM # IV. (Continued)

- Lack of information on basic healthcare
- Other health care issues of concern or comments?

**8. What do you feel are the primary YOUTH issues in this community?
(Check a maximum of 3 boxes)**

- Teen pregnancy
- Gang membership
- Dropping out of school
- Bullying
- Learning disabilities
- Emotional or behavioral problems
- Weight/eating habits
- Not much to do away from school
- Lack of role models
- Adults not in touch with needs of youth
- Stress
- Depression
- Alcohol/Drug use by youth
- Alcohol/Drug use in the family
- Lack of opportunities to develop skills needed as adult
- Violence
- Working to help support their family
- Other youth issues of concern or comments?

9. Are there unmet needs for childcare services in the community?

- Yes
- No

10. If you answered YES to QUESTION 9, what do you believe are the primary barriers to obtaining childcare services? (Check a maximum of 3 boxes)

- Cost
- Location
- Time service is available

AGENDA ITEM # IV. (Continued)

- Quality of providers
- Not enough providers
- Issues regarding reimbursement
- Special needs children
- Transportation
- Other (Please specify):

11. What are the most important unmet CHILDREN'S needs in your community? (Check a maximum of 3 boxes)

- Unsafe areas to raise children
- Childcare is unaffordable
- Lack of early child education programs
- Lack of after-school programs
- Not enough childcare facilities
- Not enough safe, suitable forms of recreation
- Parents need more knowledge on how to parent
- Lack of summer activities for children
- Lack of knowledge about proper nutrition in the home
- Not enough family support in caring for children
- Lack of outreach
- Information on how to find help
- Other (Please specify):

12. What do you think are the main issues facing FAMILIES in the community? (Check a maximum of 3 boxes)

- Lack of education
- Substance abuse
- Unhealthy lifestyles
- Domestic abuse
- Child abuse/neglect
- Not enough medical coverage
- Not enough affordable housing
- Make too much to receive public assistance but still need assistance
- Lack of support programs

AGENDA ITEM # IV. (Continued)

- Lack of transportation options
- Being a single parent
- Not knowing where to go for help
- Other (please specify):

**13. What do you think are the main areas that need more attention?
(Check a maximum of 3 boxes)**

- Employment
- Education
- Housing
- Nutrition
- Income
- Transportation
- Health Care
- Childcare
- Substance abuse
- Other (Please specify):

**14. What do you believe are the main factors leading to substance abuse
in the community? (Check a maximum of 3 boxes)**

- Employment
- Financial struggles
- Disability or chronic illness
- Lack of prevention education
- Easy access to drugs
- Peer pressure
- Drug exposure (i.e. abuse by other members of the family)
- Lack of supervision
- Lack of healthy activity alternatives
- Media influence
- Self medicating
- Other (please specify):

AGENDA ITEM # IV. (Continued)

15. Have you had a need go unmet in the last year?

- Yes
- No

16. If you answered YES to QUESTION 15, please check all of your needs that went unmet in the past year.

- Not covered by health insurance
- Lack of emergency shelter
- Lack of access to mental health services
- Lack of income for prescription drugs
- Substance abuse assistance
- Legal assistance
- Lack of food
- Lack of income for utilities
- Losing/lost home
- Child care
- Lack of employment opportunities
- Other (please specify)

17. If you or someone you know were experiencing one of the following problems, would you know where to get help?

| | Yes | No |
|---|-----------------------|-----------------------|
| • Inability to pay gas/electric bills | <input type="radio"/> | <input type="radio"/> |
| • Inability to pay water bills | <input type="radio"/> | <input type="radio"/> |
| • Home in foreclosure | <input type="radio"/> | <input type="radio"/> |
| • Homelessness | <input type="radio"/> | <input type="radio"/> |
| • Bad credit | <input type="radio"/> | <input type="radio"/> |
| • Lack of child care | <input type="radio"/> | <input type="radio"/> |
| • Home in need of repairs | <input type="radio"/> | <input type="radio"/> |
| • Disability resulting in inability to work | <input type="radio"/> | <input type="radio"/> |
| • Domestic violence | <input type="radio"/> | <input type="radio"/> |
| • Unemployment | <input type="radio"/> | <input type="radio"/> |
| • Parenting stress | <input type="radio"/> | <input type="radio"/> |
| • No food | <input type="radio"/> | <input type="radio"/> |

AGENDA ITEM # IV. (Continued)

| | Yes | No |
|---|-----------------------|-----------------------|
| • Poor nutrition and unhealthy lifestyle | <input type="radio"/> | <input type="radio"/> |
| • Drug addiction | <input type="radio"/> | <input type="radio"/> |
| • Alcohol addiction | <input type="radio"/> | <input type="radio"/> |
| • Stress from providing care to a disabled or ill loved one | <input type="radio"/> | <input type="radio"/> |
| • Free tax preparation assistance (low and moderate income) | <input type="radio"/> | <input type="radio"/> |
| • Adult education (GED, etc) | <input type="radio"/> | <input type="radio"/> |

The following questions ask some personal information. We only ask these questions to make sure we get surveys from different demographic groups within the community. Your name is not on the survey, so all of your personal information will remain confidential.

18. Which county do you live in?

- Beaver
- Garfield
- Iron
- Kane
- Washington

19. Which city/town do you live in?

20. What is your zip code?

21. Please indicate your age bracket:

- 17 or younger
- 18-23
- 24-44
- 45-54
- 55-69
- 70+

AGENDA ITEM # IV. (Continued)

22. Please indicate your gender:

- Male
- Female

23. Please indicate ethnicity:

- Asian
- Black/African American
- Hispanic/Latino
- American Indian/Alaskan Native
- White
- Pacific Islander
- Other (please specify):

24. Please indicate household type:

- Please indicate household type: Two Parent with child(ren)
- Single Parent – Male
- Single Parent – Female
- Grandparent raising grandchildren
- Couple – No children at home
- Single Person
- Step Family
- Other (please specify):

25. How many people live in your household?

- Self 2 3 4 5 6 7 8+

26. Please indicate your TOTAL household income:

- 0-\$10,000
- \$10,001- \$20,000
- \$20,001 - \$30,000

AGENDA ITEM # IV. (Continued)

- \$30,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- \$ 60,001- \$70,000
- \$ 70,001- \$ 80,000
- \$ 80,001 -\$ 90,000
- \$ 90,001 - \$ 100,000
- \$ 100,001 and above

27. Please indicate your TOTAL household income – 3 YEARS AGO:

- 0-\$10,000
- \$10,001- \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- \$ 60,001- \$70,000
- \$ 70,001- \$ 80,000
- \$ 80,001 -\$ 90,000
- \$ 90,001 - \$ 100,000
- \$ 100,001 and above

28. Highest level of education in your household.

- Elementary School
- Middle/Junior High School
- High School/GED
- Trade School
- Some College
- Associates Degree
- Bachelors Degree
- Graduate/Professional Degree
- Other (Please specify):

AGENDA ITEM # IV. (Continued)

29. Please include your email address if you would like to be invited to the Community Forum in your county. Your email information will not be connected to your survey answers.

Thank you for taking the time to fill out this survey. We will be holding a community forum on (Enter date and time and place) to discuss the survey results about community needs, and would love your participation, as we work to better understand the needs of the community and how to most effectively address them.