



2019 CLARK COUNTY LOW-INCOME COMMUNITY NEEDS SURVEY



Please help Clark County understand your needs by completing the following 15 minute survey. *All information is strictly confidential.* Surveys can be returned to a service provider, in a self-addressed, postage paid envelope, or completed online at www.surveymonkey.com/r/2020CNANeedsSurvey. This is not the US Census; this survey will inform Clark County and the Community Action Advisory Board about what services should be prioritized with Community Services Block Grant funds.

Families (individuals, couples and households with children) are defined as all the people who ordinarily live in the same home as you, or would live in the same home as you, if you were housed. There may be more than one family per residence; if people are doubled up, couch surfing, or multi-generations living in the same household. Each family is welcome to fill out their own survey.

Please submit your survey response by **Friday, January 31, 2020.**

Please tell us how you heard about this survey.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Food bank | <input type="checkbox"/> Housing provider | <input type="checkbox"/> Employment service | <input type="checkbox"/> Other service provider |
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Online/Media source | <input type="checkbox"/> Faith organization | <input type="checkbox"/> Other: _____ |

1) EMPLOYMENT

Do you, or anyone in your family, have a need for employment services?

- No, skip to part 2) Education Support. Yes, please answer the following:

Needs/Concerns

- | | |
|---|--|
| A. Keeping a job | F. Job training |
| B. Finding a job (e.g. interview, resume support) | G. Finding or keeping a job for someone with a disability |
| C. Finding a job for youth (ages 15-17) | H. Items to become or remain employed (e.g. clothing, ID replacement, licensing costs) |
| D. Getting a better job (more hours, larger responsibility, more pay, benefits) | I. Transportation to/from employment |
| E. Child care in support of employment | J. Cultural/language supports |

Based on the Needs/Concerns above, put the letter of up to five needs your family has in this category.

EXAMPLE: 1. D 2. F 3. H 4. I 5. B

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

What is in the way of getting these needs met? (circle all that apply)

- | | | | | | | | |
|------------------------|---------------------|---------------------|---------------------|--------------------------|----------------|-----------------------------|-----------------------|
| Don't know where to go | Getting to services | Bias/discrimination | Do not feel welcome | Not available in my area | Do not qualify | Immigration status concerns | Nothing is in the way |
|------------------------|---------------------|---------------------|---------------------|--------------------------|----------------|-----------------------------|-----------------------|

2) EDUCATION

Do you, or anyone in your family, have a need for Education services?

No, skip to part 3) Housing. Yes, please answer the following:

Needs/Concerns

- | | |
|---|---|
| A. Early head start programs (birth to 3) | I. Adult GED classes |
| B. Head Start programs (ages 3-5) | J. Adult English skills/proficiency classes |
| C. School supplies (K-12) | K. Post-secondary education supports (e.g. college applications, text books, computers) |
| D. Affordable, high quality preschool | L. Access to college/trade/apprenticeships |
| E. Before/after school activities (K-12) | M. Applying for financial aid/scholarships |
| F. Summer youth recreational activities | N. Financial assistance to go to college |
| G. Summer education programs | O. Cultural/language supports |
| H. Adult Basic Education/reading classes | |

Based on the Needs/Concerns above, put the letter of up to five needs your family has in this category.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

What is in the way of getting these needs met? (circle all that apply)

Don't know where to go Getting to services Bias/discrimination Do not feel welcome Not available in my area Do not qualify Immigration status concerns Nothing is in the way

3) HOUSING

Do you, or anyone in your family, have a need for Housing services or assistance?

No, skip to part 4) Income and Asset Building. Yes, please answer the following:

Needs/Concerns

- | | |
|---|---|
| A. Rental arrears (back payments owed to landlords) | H. Utility payment assistance (LIHEAP) |
| B. Rent assistance | I. Utility deposits/arrears assistance |
| C. Move-in cost assistance (security deposit, application fees, other fees) | J. Emergency shelter |
| D. Affordable housing | K. Finding housing I can rent |
| E. Mortgage payment assistance | L. Home repairs |
| F. Landlord/tenant mediation | M. Weatherization services |
| G. Landlord/tenant rights education sessions | N. Foreclosure prevention support |
| | O. Housing/shelter due to domestic violence |

Based on the Needs/Concerns above, put the letter of up to five needs your family has in this category.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

What is in the way of getting these needs met? (circle all that apply)

Don't know where to go Getting to services Bias/discrimination Do not feel welcome Not available in my area Do not qualify Immigration status concerns Nothing is in the way

4) INCOME AND ASSET BUILDING

Do you, or anyone in your family, have a need for Income and Asset Building services?

No, skip to part 5) Physical Health. Yes, please answer the following:

Needs/Concerns

- A. Financial planning/budgeting classes
- B. A bank account
- C. Budgeting classes for youth (12-18)
- D. Credit repair
- E. First-time homebuyer education classes
- F. Small business start-up/development classes
- G. Obtaining/maintaining benefits (Social Security, VA, TANF, food/SNAP, HEN)
- H. Financial assistance to buy a car
- I. Financial assistance to buy a home
- J. Financial assistance to start a business

Based on the Needs/Concerns above, put the letter of up to five needs your family has in this category.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

What is in the way of getting these needs met? (circle all that apply)

Don't know where to go Getting to services Bias/discrimination Do not feel welcome Not available in my area Do not qualify Immigration status concerns Nothing is in the way

5) PHYSICAL HEALTH

Do you, or anyone in your family, have a need for Physical Health services?

No, skip to part 6) Behavioral Health. Yes, please answer the following:

Needs/Concerns

- A. Seeing a medical doctor
- B. Seeing a dentist
- C. Seeing an alternative healthcare provider
- D. Paying for health services (co-pays, etc)
- E. Paying for dental services
- F. Paying for medicine
- G. Paying for medical equipment
- H. Affordable senior/disabled care
- I. Exercise/fitness classes
- J. Sexual health services
- K. Family planning services
- L. Support after having a baby
- M. Nutrition classes (e.g. gardening, cooking)
- N. Food assistance
- O. Access to fresh/healthy foods
- P. Transportation to/from health services
- Q. Cultural/language supports

Based on the Needs/Concerns above, put the letter of up to five needs your family has in this category.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

What is in the way of getting these needs met? (circle all that apply)

Don't know where to go Getting to services Bias/discrimination Do not feel welcome Not available in my area Do not qualify Immigration status concerns Nothing is in the way

6) BEHAVIORAL HEALTH

Do you, or anyone in your family, have a need for Behavioral Health services?

No, skip to part 7) Support Services. Yes, please answer the following:

Needs/Concerns

- | | |
|--|---|
| A. Access to alcohol/drug treatment | F. Paying for services (co-pays, etc) |
| B. Access to mental health services | G. Paying for medicine |
| C. Access to counseling (marriage, family, life) | H. Support after having a baby |
| D. Access to gambling addiction services | I. Transportation to/from health services |
| E. Suicide prevention services | J. Cultural/language supports |

Based on the Needs/Concerns above, put the letter of up to five needs your family has in this category.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

What is in the way of getting these needs met? (circle all that apply)

Don't know where to go	Getting to services	Bias/ discrimination	Do not feel welcome	Not available in my area	Do not qualify	Immigration status concerns	Nothing is in the way
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7) SUPPORT SERVICES

Do you, or anyone in your family, have a need for Support Services?

No, skip to part 8) Overall Need. Yes, please answer the following:

Needs/Concerns

- | | |
|--|--|
| A. Information and referral services | I. Eldercare day centers |
| B. Paying for transportation (bus, gas) | J. LGBTQ+ services/supports |
| C. Paying for vehicle costs (maintenance, insurance, registration) | K. Identification document assistance (e.g. birth certificate, driver's license) |
| D. Safe, affordable child care (not related to gaining/maintaining employment) | L. Criminal record expungements |
| E. Hygiene facilities (e.g. showers, toilets) | M. Immigration/refugee support services |
| F. Domestic violence/sexual assault services | N. Gang prevention services |
| G. Developmental disability assessments | O. Parenting classes/supports |
| H. Developmental disability services | P. Legal assistance interventions (e.g. restraining orders, eviction assistance, parenting plan, fees) |

Based on the Needs/Concerns above, put the letter of up to five needs your family has in this category.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

What is in the way of getting these needs met? (circle all that apply)

Don't know where to go	Getting to services	Bias/ discrimination	Do not feel welcome	Not available in my area	Do not qualify	Immigration status concerns	Nothing is in the way
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8) OVERALL NEED

Please indicate the top 5 highest needs for your family.

Needs/Concerns

- | | |
|--|------------------------------------|
| A. Asset building (financial education, money management, etc) | I. LGBTQ+ services |
| B. Child care | J. Mental health supports |
| C. Domestic violence/sexual assault services | K. Physical health services |
| D. Education assistance | L. Senior services |
| E. Employment services | M. Substance use disorder services |
| F. Food assistance | N. Transportation assistance |
| G. Housing assistance | O. Utility assistance |
| H. Legal assistance | P. Youth activities |
| | Q. Cultural supports |

Based on the Needs/Concerns above, my family's highest need is: _____

Based on the Needs/Concerns above, my family's second highest need is: _____

Based on the Needs/Concerns above, my family's third highest need is: _____

Based on the Needs/Concerns above, my family's fourth highest need is: _____

Based on the Needs/Concerns above, my family's fifth highest need is: _____

9) DEMOGRAPHIC INFORMATION

This section will help us evaluate where services are needed and who needs services. Please **circle** the best answer to each question for the person completing the survey. All information shared is strictly confidential. If you are uncomfortable filling in anything below, please feel free to leave it blank.

What is your age?	14-17	18-24	25-44	45-54
	55-59	60-64	65-74	75+

What gender do you identify?	Male	Female	Genderqueer/Non-binary
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What is your race?	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander
	Asian	Other
	Black or African American	Other Multi-Racial
	White	Don't Know

What is your ethnicity?	Hispanic/Latinx	Non-Hispanic /Non-Latinx	Slavic/Russian	Don't Know
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What is the highest level of education you have achieved?	Up to 8 th grade	High school (non-graduate)	High school grad or GED	Trade/technical school grad
	2-4 year college graduate	Master's degree grad	Other	Don't know

Please **circle** the best answer to each question for the **family** of the person completing the survey.

What is the size of your family?

1	2	3	4	5	6	7	8+
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What is the primary language used in your home?

English	Spanish	Russian	Vietnamese	Chuukese
Indigenous language	Chinese	Arabic	ASL	Other

How many children under age 18 live in your household?

1	2	3	4	5	6	7	8+
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How many seniors age 65 and over live in your household?

1	2	3	4	5	6	7	8+
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What type of health insurance does your family have?

Medicaid (state)	Medicare (federal)	Private Insurance	None
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What is the source of your family's income? **circle** all that apply)

Social Security	TANF	ABD
Pension	Unemployment Insurance	
Earned Income/Employment	Other	

What is your current or last known zip code?

98601	98604	98606	98607
98622	98629	98642	98660
98661	98662	98663	98664
98665	98668	98671	98675
98682	98683	98684	98685
98686	98687	Other	Don't know

Has anyone in your family served in the armed forces?

Yes	No
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Does anyone in your family have a disability/special need?

Yes	No
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What is your current housing situation?

Own	Rent	Houseless/ Homeless	Staying with friends/family
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How many family members are employed at least part-time?

1	2	3	4+
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125% of Federal Poverty Level

Family Size	1	2	3	4	5	6	7	8+
Monthly Income	\$1,301	\$1,761	\$2,222	\$2,682	\$3,143	\$3,603	\$4,064	\$4,524

Please **circle** if your family earns more or less than the amount listed under your family size.

More	Less
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200% of Federal Poverty Level

Family Size	1	2	3	4	5	6	7	8+
Monthly Income	\$2,082	\$2,818	\$3,555	\$4,292	\$5,028	\$5,765	\$6,502	\$7,238

Please **circle** if your family earns more or less than the amount listed under your family size.

More	Less
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ADDITIONAL COMMENTS

Please share any other needs that you or your family has that were not listed above. Additional comments about programs you have used are also welcome.

Please provide your contact information if you would:

- like to be contacted regarding your additional comments? Yes No
- be interested in participating in forums and/or interviews to get more information about the needs in our community. Yes No

Name: _____ Phone Number or Email: _____

Thank you for your help in identifying the current community service needs in Clark County.