



2016 CLARK COUNTY LOW-INCOME COMMUNITY NEEDS SURVEY



Please help Clark County understand your needs by completing the following 12 minute survey about your family. *All information is strictly confidential.* Surveys can be returned to your provider, in a self-addressed, postage paid envelope or completed online at <http://goo.gl/forms/jCMSWCMQY2iqg1x42>.

Families (individuals, couples and households with children) are defined as all the people who would 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. For example, 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.

Clark County Community Services is responsible for conducting a survey of needs for our low-income community every three years. The results of this survey are used to inform the County and the Community Action Advisory Board as to what services should be prioritized when making funding considerations with the Community Services Block Grant funds.

Please submit your survey response by **Friday, September 30, 2016.**

Please tell us how you heard about this survey.

- Food Bank
 Housing Provider
 Employment Service
 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 | E. Finding and/or Keeping a Job for Someone with a Disability |
| B. Finding a Job for Youth (ages 15-24) | F. Finding a Job (e.g. interview and resume support) |
| C. Getting a Better Job (more hours, larger responsibility, more pay) | G. Items to Become or Remain Employed (e.g. clothing, ID replacement, licensing costs) |
| D. Child Care | |

Based on the Needs/Concerns above, put the letter of the top three highest needs for *adults over 18* in your family.

EXAMPLE

1. H 2. F 3. C

1. _____ 2. _____ 3. _____

Based on the Needs/Concerns above, put the letter of the top three highest needs for *children under 18* in your family.

1. _____ 2. _____ 3. _____

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) | H. Adult Basic Education/Reading Classes |
| B. Head Start Programs (ages 3-5) | I. Adult GED Classes |
| C. College/Trade/Apprenticeships | J. Adult English Proficiency Classes |
| D. School Supplies (K-12) | K. Post-secondary Education Supports (e.g. college applications, text books, computers) |
| E. Before/After School Activities (K-12) | L. Applying for Financial Aid/Scholarships |
| F. Summer Youth Recreational Activities | M. Financial Assistance to go to College |
| G. Summer Education Programs | |

Based on the Needs/Concerns above, put the letter of the top three highest needs for *adults over 18* in your family.

1. _____ 2. _____ 3. _____

Based on the Needs/Concerns above, put the letter of your top three highest needs for *children under 18* in your family.

1. _____ 2. _____ 3. _____

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) | G. Landlord/Tenant Rights Education Sessions |
| B. Rent Assistance | H. Utility Payments (LIHEAP) |
| C. Move-in Cost Assistance (Security Deposit, Application Fees, Other Fees) | I. Utility Deposits/Arrears Assistance |
| D. Affordable/Subsidized Housing | J. Emergency Shelter |
| E. Mortgage Payment Assistance | K. Finding Housing to Rent |
| F. Landlord/Tenant Mediation | L. Home Repairs |
| | M. Weatherization Services |
| | N. Housing/Shelter Due to Domestic Violence |

Based on the Needs/Concerns above, put the letter of the top three highest needs for *adults over 18* in your family.

1. _____ 2. _____ 3. _____

Based on the Needs/Concerns above, put the letter of the top three highest needs for *children under 18* in your family.

1. _____ 2. _____ 3. _____

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) Health and Social/Behavioral Development. Yes, please answer the following:

Needs/Concerns

- | | |
|---|--|
| A. Financial Planning | G. Small Business Start-up/Development Classes |
| B. A Bank Account | H. Veteran's Benefits Coordination & Advocacy |
| C. Budgeting Classes | I. Obtaining/Maintaining Benefits (Social Security, TANF, SNAP, HEN) |
| D. Credit Repair | J. Financial Assistance to Buy a Home |
| E. First-time Homebuyer Education Classes | K. Financial Assistance to Start a Business |
| F. Foreclosure Prevention Support | |

Based on the Needs/Concerns above, put the letter of the top three highest needs for *adults over 18* in your family.

1. _____ 2. _____ 3. _____

Based on the Needs/Concerns above, put the letter of your top three highest needs for *children under 18* in your family.

1. _____ 2. _____ 3. _____

5) HEALTH AND SOCIAL/BEHAVIORAL DEVELOPMENT

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

No, skip to part 6) Support Services. Yes, please answer the following:

Needs/Concerns

- | | |
|--|---|
| A. Seeing a Medical Doctor | J. Exercise/Fitness Classes |
| B. Paying to See a Medical Doctor | K. Substance Abuse/Mental Health Treatment Payments |
| C. Developmental Delay Screening | L. Domestic Violence Services |
| D. Paying for Medicine | M. Seeing a Dentist |
| E. Support After Having a Baby | N. Nutrition Classes (e.g. gardening, cooking) |
| F. Affordable Senior/Disabled Care | O. Food Assistance/Food Banks |
| G. Health Insurance Options Counseling | P. Parenting Classes |
| H. Wellness Classes (e.g. stress reduction) | Q. Emergency Hygiene Facilities (e.g. showers, toilets) |
| I. Access to Substance Abuse/Mental Health Treatment | |

Based on the Needs/Concerns above, put the letter of the top three highest needs for *adults over 18* in your family.

1. _____ 2. _____ 3. _____

Based on the Needs/Concerns above, put the letter of your top three highest needs for *children under 18* in your family.

1. _____ 2. _____ 3. _____

6) SUPPORT SERVICES

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

No, skip to part 7) Overall Need. Yes, please answer the following:

Needs/Concerns

- | | |
|--------------------------------------|--|
| A. Case Management | H. Identification Document Assistance (e.g. birth certificate, driver's license) |
| B. Eligibility Determinations | I. Criminal Record Expungements |
| C. Information and Referral Services | J. Immigration Support Services |
| D. Transportation | K. Legal Assistance Interventions (e.g. restraining orders, eviction assistance, parenting plan, fees) |
| E. Safe, Affordable Child Care | |
| F. Eldercare Day Centers | |
| G. LGBTQ Services/Supports | |

Based on the Needs/Concerns above, put the letter of the top three highest needs for *adults over 18* in your family.

1. _____ 2. _____ 3. _____

Based on the Needs/Concerns above, put the letter of your top three highest needs for *children under 18* in your family.

1. _____ 2. _____ 3. _____

7) OVERALL NEED

Please indicate the top 5 needs for your family. Mark the highest need with a 1, the next highest with a 2 and so on.

EXAMPLE

 3 Utility Assistance 1 (highest need) Food Assistance 2 Child Care

 Asset Building (financial education, money management, etc)

 Employment Services

 Education Assistance

 Food Assistance

 Substance Abuse and/or Mental Health Supports

 Physical Health Services

 Housing Assistance

 Legal Assistance

 Domestic Violence Services

 Transportation Assistance

 Child Care

 Senior Services

 Utility Assistance

 Youth Activities

 LGBTQ Services

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

What is your age?	12-17	18-23	24-44	45-54	55-69	70+
-------------------	-------	-------	-------	-------	-------	-----

What gender do you identify?	Male	Female	Transgender
------------------------------	------	--------	-------------

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/Latino(a)	Non-Hispanic/Non-Latino(a)	Slavic/Russian	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+
----------------------------------	---	---	---	---	---	---	---	----

What type of health insurance does your family have?	Medicaid	Medicare	Private Insurance	None
--	----------	----------	-------------------	------

What is the source of your family's income? (circle all that apply)	SSI/SSDI	TANF	ABD
	Pension		Unemployment Insurance
	Earned Income/Employment		Other

What is your current or last known zip code?	98601	98660	98682
	98604	98662	98683
	98606	98665	98685
	98607	98671	98686
	98629	98674	Other
	98642	98675	Don't Know

Has anyone in your family served in the armed forces?	Yes	No
---	-----	----

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

Does anyone in your family have a disability/special need?

Yes	No
-----	----

What is your current housing situation?

Own	Rent	Homeless	Doubled Up
-----	------	----------	------------

Please enter the number of family members are employed in the following?

___ Full Time	___ Part Time
---------------	---------------

125% of Federal Poverty Level

Family Size	1	2	3	4	5	6	7	8+
Monthly Income	\$1,238	\$1,669	\$2,100	\$2,531	\$2,963	\$3,394	\$3,826	\$4,259

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

More	Less
------	------

200% of Federal Poverty Level

Family Size	1	2	3	4	5	6	7	8+
Monthly Income	\$1,980	\$2,670	\$3,360	\$4,050	\$4,740	\$5,430	\$6,122	\$6,815

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

More	Less
------	------

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.

If you would like to be contacted regarding your additional comments, please provide the following information:

Name: _____ Phone Number or Email: _____