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.

☐ Food bank  ☐ Housing provider  ☐ Employment service  ☐ Other service provider

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

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)
B. Rent assistance
C. Move-in cost assistance (security deposit, application fees, other fees)
D. Affordable housing
E. Mortgage payment assistance
F. Landlord/tenant mediation
G. Landlord/tenant rights education sessions
H. Utility payment assistance (LIHEAP)
I. Utility deposits/arrears assistance
J. Emergency shelter
K. Finding housing I can rent
L. Home repairs
M. Weatherization services
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
K. Obtaining/maintaining benefits (Social Security, VA, TANF, food/SNAP, HEN)
L. Financial assistance to buy a home
M. 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
B. Access to mental health services
C. Access to counseling (marriage, family, life)
D. Access to gambling addiction services
E. Suicide prevention services
F. Paying for services (co-pays, etc)
G. Paying for medicine
H. Support after having a baby
I. Transportation to/from health 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

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
B. Paying for transportation (bus, gas)
C. Paying for vehicle costs (maintenance, insurance, registration)
D. Safe, affordable child care (not related to gaining/maintaining employment)
E. Hygiene facilities (e.g. showers, toilets)
F. Domestic violence/sexual assault services
G. Developmental disability assessments
H. Developmental disability services
I. Eldercare day centers
J. LGTBQ+ services/supports
K. Identification document assistance (e.g. birth certificate, driver’s license)
L. Criminal record expungements
M. Immigration/refugee support services
N. Gang prevention services
O. Parenting classes/supports
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
8) OVERALL NEED

Please indicate the top 5 highest needs for your family.

Needs/Concerns

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

<table>
<thead>
<tr>
<th>What is your age?</th>
<th>14-17</th>
<th>18-24</th>
<th>25-44</th>
<th>45-54</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>55-59</td>
<td>60-64</td>
<td>65-74</td>
<td>75+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What gender do you identify?</th>
<th>Male</th>
<th>Female</th>
<th>Genderqueer/Non-binary</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What is your race?</th>
<th>American Indian or Alaska Native</th>
<th>Native Hawaiian or Other Pacific Islander</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Asian</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Black or African American</td>
<td>Other Multi-Racial</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>Don’t Know</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is your ethnicity?</th>
<th>Hispanic/Latinx</th>
<th>Non-Hispanic/Non-Latinx</th>
<th>Slavic/Russian</th>
<th>Don’t Know</th>
</tr>
</thead>
</table>
What is the highest level of education you have achieved?

<table>
<thead>
<tr>
<th>Up to 8th grade</th>
<th>High school (non-graduate)</th>
<th>High school grad or GED</th>
<th>Trade/technical school grad</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-4 year college graduate</td>
<td>Master’s degree grad</td>
<td>Other</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

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 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+ |

How many seniors age 65 and over live in your household?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8+ |

What type of health insurance does your family have?

| Medicaid (state) | Medicare (federal) | Private Insurance | None |

What is the source of your family’s income? (circle all that apply)

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

<table>
<thead>
<tr>
<th>98601</th>
<th>98604</th>
<th>98606</th>
<th>98607</th>
</tr>
</thead>
<tbody>
<tr>
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<td>98684</td>
<td>98685</td>
</tr>
<tr>
<td>98686</td>
<td>98687</td>
<td>Other</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

Has anyone in your family served in the armed forces?

| Yes | No |

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

| Yes | No |

What is your current housing situation?

| Own | Rent | Houseless/Homeless | Staying with friends/family |

2019 Clark County Community Needs Survey
How many family members are employed at least part-time?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4+</th>
</tr>
</thead>
<tbody>
<tr>
<td>125%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Size</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Monthly Income</td>
<td>$1,301</td>
<td>$1,761</td>
<td>$2,222</td>
<td>$2,682</td>
</tr>
</tbody>
</table>

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

|       |       |       |       |       |
|-------|-------|-------|-------|
| 200%  |       |       |       |       |
| 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.

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.