



SURVEY OF NEEDS OF LOW-INCOME FAMILIES IN CLARK COUNTY



Are you and your family facing financial hardship, economically disadvantaged or considered low-income? If yes, please complete the following survey to help Clark County understand your family's needs. The survey is estimated to take 15 minutes. Surveys can also be completed online at <https://www.surveymonkey.com/r/2023CNASurvey>. This survey will help Clark County and the Community Action Advisory Board prioritize services with Community Services Block Grant funds. Furthermore, gathering this information helps inform the kinds of resources and services needed in Clark County to support and improve the lives of people who are economically disadvantaged. **All information is strictly confidential.**

Families (individuals, couples and households with children) are defined as all the people who live in the same home as you, or would live in the same home as you, if you were housed.

Please submit your survey response by **Friday, April 14, 2023.**

Please tell us how you heard about this survey.

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

1) EDUCATION

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

- No, skip to part 2) Employment Yes, please check all needs/concerns that apply

Needs/Concerns

- | | |
|---|---|
| <input type="checkbox"/> Early head start programs (birth to 3) | <input type="checkbox"/> Support for Individualized Education or 504 Plans |
| <input type="checkbox"/> Head Start programs (ages 3-5) | <input type="checkbox"/> Post-secondary education supports (e.g. college applications, text books, computers) |
| <input type="checkbox"/> School supplies (K-12) | <input type="checkbox"/> Access to college/trade/apprenticeships |
| <input type="checkbox"/> Affordable, high-quality preschool | <input type="checkbox"/> Applying for financial aid/scholarships |
| <input type="checkbox"/> Before/after school activities (K-12) | <input type="checkbox"/> Financial assistance to go to college |
| <input type="checkbox"/> Summer youth recreational activities | <input type="checkbox"/> Culturally informed services (including race, ethnicity) |
| <input type="checkbox"/> Summer education programs | <input type="checkbox"/> Language supports |
| <input type="checkbox"/> Adult Basic Education/reading classes | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Adult GED classes | |
| <input type="checkbox"/> Adult English skills/proficiency classes | |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Don't know where to go | <input type="checkbox"/> Experienced racial bias/discrimination | <input type="checkbox"/> Not available in my area |
| <input type="checkbox"/> Getting to services | <input type="checkbox"/> Experienced other forms of bias (age, gender, etc) | <input type="checkbox"/> Language barrier |
| <input type="checkbox"/> Do not feel welcomed | <input type="checkbox"/> Accessibility/accommodation needed | <input type="checkbox"/> Cultural barrier |
| <input type="checkbox"/> Do not qualify | <input type="checkbox"/> Immigration status concerns | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Nothing is in the way |

2) EMPLOYMENT

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

- No, skip to part 3) Housing Yes, please check all needs/concerns that apply

Needs/Concerns

- | | |
|---|--|
| <input type="checkbox"/> Keeping a job | <input type="checkbox"/> Finding or keeping a job for someone with a physical or intellectual/developmental disability |
| <input type="checkbox"/> Finding a job (e.g. interview, resume support) | <input type="checkbox"/> Items to become or remain employed (e.g. clothing, ID replacement, licensing costs) |
| <input type="checkbox"/> Finding a job for youth (ages 15-17) | <input type="checkbox"/> Culturally informed services (including race, ethnicity) |
| <input type="checkbox"/> Getting a better job (more hours, larger responsibility, more pay, benefits) | <input type="checkbox"/> Language supports |
| <input type="checkbox"/> Childcare in support of employment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Job training and skills improvement | |
| <input type="checkbox"/> Transportation to/from employment | |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Don't know where to go | <input type="checkbox"/> Experienced racial bias/discrimination | <input type="checkbox"/> Not available in my area |
| <input type="checkbox"/> Getting to services | <input type="checkbox"/> Experienced other forms of bias (age, gender, etc) | <input type="checkbox"/> Language barrier |
| <input type="checkbox"/> Do not feel welcomed | <input type="checkbox"/> Accessibility/accommodation needed | <input type="checkbox"/> Cultural barrier |
| <input type="checkbox"/> Do not qualify | <input type="checkbox"/> Immigration status concerns | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Nothing is in the way |

3) HOUSING

3.1) 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 check all needs/concerns that apply

Needs/Concerns

- | | |
|---|---|
| <input type="checkbox"/> Rental arrears (back payments owed to landlords) | <input type="checkbox"/> Emergency shelter |
| <input type="checkbox"/> Rent assistance | <input type="checkbox"/> Finding housing that meets my needs (specify):
_____ |
| <input type="checkbox"/> Move-in cost assistance (security deposit, application fees, other fees) | <input type="checkbox"/> Home repairs |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Weatherization services |
| <input type="checkbox"/> Mortgage payment assistance | <input type="checkbox"/> Foreclosure prevention support |
| <input type="checkbox"/> Landlord/tenant mediation | <input type="checkbox"/> Housing/shelter due to domestic violence |
| <input type="checkbox"/> Landlord/tenant rights education sessions | <input type="checkbox"/> Culturally informed services (including race, ethnicity) |
| <input type="checkbox"/> Utility payment assistance (LIHEAP) | <input type="checkbox"/> Language supports |
| <input type="checkbox"/> Utility deposits/arrears assistance | <input type="checkbox"/> Other: _____ |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Don't know where to go | <input type="checkbox"/> Experienced racial bias/discrimination | <input type="checkbox"/> Not available in my area |
| <input type="checkbox"/> Getting to services | <input type="checkbox"/> Experienced other forms of bias (age, gender, etc) | <input type="checkbox"/> Language barrier |
| <input type="checkbox"/> Do not feel welcomed | <input type="checkbox"/> Accessibility/accommodation needed | <input type="checkbox"/> Cultural barrier |
| <input type="checkbox"/> Do not qualify | <input type="checkbox"/> Immigration status concerns | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Nothing is in the way |

4) INCOME AND ASSET BUILDING (e.g., wealth, savings, business development, car/homeownership)

4.1) 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 check all needs/concerns that apply

Needs/Concerns

- | | |
|--|---|
| <input type="checkbox"/> Financial planning/budgeting classes | <input type="checkbox"/> Obtaining/maintaining benefits (Social Security, VA, TANF, food/SNAP, HEN) |
| <input type="checkbox"/> A bank account | <input type="checkbox"/> Financial assistance to buy a car |
| <input type="checkbox"/> Budgeting classes for youth (12-18) | <input type="checkbox"/> Financial assistance to buy a home |
| <input type="checkbox"/> Credit repair | <input type="checkbox"/> Financial assistance to start a business |
| <input type="checkbox"/> First-time homebuyer education classes | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Small business start-up/development classes | |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Don't know where to go | <input type="checkbox"/> Experienced racial bias/discrimination | <input type="checkbox"/> Not available in my area |
| <input type="checkbox"/> Getting to services | <input type="checkbox"/> Experienced other forms of bias (age, gender, etc) | <input type="checkbox"/> Language barrier |
| <input type="checkbox"/> Do not feel welcomed | <input type="checkbox"/> Accessibility/accommodation needed | <input type="checkbox"/> Cultural barrier |
| <input type="checkbox"/> Do not qualify | <input type="checkbox"/> Immigration status concerns | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Nothing is in the way |

5) PHYSICAL HEALTH

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

- No, skip to part 6) Behavioral Health Yes, please check all needs/concerns that apply

Needs/Concerns

- | | |
|---|---|
| <input type="checkbox"/> Seeing a medical doctor | <input type="checkbox"/> Access to informed physical disability providers |
| <input type="checkbox"/> Seeing a dentist | <input type="checkbox"/> Exercise/fitness classes |
| <input type="checkbox"/> Seeing a vision doctor | <input type="checkbox"/> Sexual health services |
| <input type="checkbox"/> Seeing an alternative healthcare provider | <input type="checkbox"/> Reproductive health services |
| <input type="checkbox"/> Paying for health services (co-pays, etc) | <input type="checkbox"/> Family planning services |
| <input type="checkbox"/> Paying for dental services | <input type="checkbox"/> Support after having a baby |
| <input type="checkbox"/> Paying for vision services | <input type="checkbox"/> Nutrition classes (e.g. gardening, cooking) |
| <input type="checkbox"/> Paying for medicine | <input type="checkbox"/> Food assistance |
| <input type="checkbox"/> Paying for medical equipment | <input type="checkbox"/> Access to fresh/healthy foods |
| <input type="checkbox"/> Affordable senior care | <input type="checkbox"/> Transportation to/from health services |
| <input type="checkbox"/> Access to Medicaid/Medicare accepting providers | <input type="checkbox"/> Culturally informed services (including race, ethnicity) |
| <input type="checkbox"/> Access to informed Intellectual/developmental disability providers | <input type="checkbox"/> Language supports |
| | <input type="checkbox"/> Other: _____ |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Don't know where to go | <input type="checkbox"/> Experienced racial bias/discrimination | <input type="checkbox"/> Not available in my area |
| <input type="checkbox"/> Getting to services | <input type="checkbox"/> Experienced other forms of bias (age, gender, etc) | <input type="checkbox"/> Language barrier |
| <input type="checkbox"/> Do not feel welcomed | <input type="checkbox"/> Accessibility/accommodation needed | <input type="checkbox"/> Cultural barrier |
| <input type="checkbox"/> Do not qualify | <input type="checkbox"/> Immigration status concerns | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Nothing is in the way |

6) BEHAVIORAL HEALTH

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

- No, skip to part 7) Support Services Yes, please check all needs/concerns that apply

Needs/Concerns

- | | |
|--|---|
| <input type="checkbox"/> Access to alcohol/drug treatment | <input type="checkbox"/> Paying for medicine |
| <input type="checkbox"/> Access to mental health services | <input type="checkbox"/> Support after having a baby |
| <input type="checkbox"/> Access to counseling (marriage, family, life) | <input type="checkbox"/> Transportation to/from health services |
| <input type="checkbox"/> Access to gambling addiction services | <input type="checkbox"/> Culturally informed services (including race, ethnicity) |
| <input type="checkbox"/> Suicide prevention services | <input type="checkbox"/> Language supports |
| <input type="checkbox"/> Paying for services (co-pays, etc) | <input type="checkbox"/> Other: _____ |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Don't know where to go | <input type="checkbox"/> Experienced racial bias/discrimination | <input type="checkbox"/> Not available in my area |
| <input type="checkbox"/> Getting to services | <input type="checkbox"/> Experienced other forms of bias (age, gender, etc) | <input type="checkbox"/> Language barrier |
| <input type="checkbox"/> Do not feel welcomed | <input type="checkbox"/> Accessibility/accommodation needed | <input type="checkbox"/> Cultural barrier |
| <input type="checkbox"/> Do not qualify | <input type="checkbox"/> Immigration status concerns | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Nothing is in the way |

7) SUPPORT SERVICES

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

- No, skip to part 8) Overall Need Yes, please check all needs/concerns that apply

Needs/Concerns

- | | |
|---|--|
| <input type="checkbox"/> Information and referral services | <input type="checkbox"/> Identification document assistance (e.g. birth certificate, driver's license) |
| <input type="checkbox"/> Paying for transportation (bus, gas) | <input type="checkbox"/> Independent living skills |
| <input type="checkbox"/> Paying for vehicle costs (maintenance, insurance, registration) | <input type="checkbox"/> Criminal record expungements |
| <input type="checkbox"/> Safe, affordable childcare (not related to gaining/maintaining employment) | <input type="checkbox"/> Immigration/refugee support services |
| <input type="checkbox"/> Hygiene facilities (e.g. showers, toilets) | <input type="checkbox"/> Gang prevention services |
| <input type="checkbox"/> Domestic violence/sexual assault services | <input type="checkbox"/> Parenting classes/supports |
| <input type="checkbox"/> Intellectual/Developmental disability assessments | <input type="checkbox"/> Legal assistance interventions (e.g. restraining orders, eviction assistance, parenting plan, fees) |
| <input type="checkbox"/> Intellectual/Developmental disability services | <input type="checkbox"/> Culturally informed services (including race, ethnicity) |
| <input type="checkbox"/> Eldercare day centers | <input type="checkbox"/> Language supports |
| <input type="checkbox"/> LGBTQIA+ services/supports | <input type="checkbox"/> Other: _____ |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Don't know where to go | <input type="checkbox"/> Experienced racial bias/discrimination | <input type="checkbox"/> Not available in my area |
| <input type="checkbox"/> Getting to services | <input type="checkbox"/> Experienced other forms of bias (age, gender, etc) | <input type="checkbox"/> Language barrier |
| <input type="checkbox"/> Do not feel welcomed | <input type="checkbox"/> Accessibility/accommodation needed | <input type="checkbox"/> Cultural barrier |
| <input type="checkbox"/> Do not qualify | <input type="checkbox"/> Immigration status concerns | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Nothing is in the way |

8) OVERALL NEED

Please indicate if each of the following are a low, medium or high need for your family.

Low need = a need or concern that occurred rarely over the past year

Medium need = a need or concern that occurred a few times over the past year

High need = a need or concern that occurred often over the past year

Need or Concern	Level of Need			
Asset building (financial education, money management)	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Not a need
Childcare	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Not a need
Culturally informed services (including race, ethnicity)	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Not a need
Dental services	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Not a need
Domestic violence/sexual assault services	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Not a need
Education assistance	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Not a need
Employment services	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Not a need
Food assistance	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Not a need
Housing assistance	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Not a need
Intellectual/developmental disability services	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Not a need
Legal assistance	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Not a need
LGTBQIA+ services	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Not a need
Mental health supports	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Not a need
Physical disability services	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Not a need
Physical health services	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Not a need
Senior services	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Not a need
Substance use disorder services	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Not a need
Transportation assistance	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Not a need
Utility assistance	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Not a need
Youth activities	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Not a need

9) COVID IMPACT

9.1) Did the COVID-19 pandemic increase your family's needs?

No, skip to part 10) Demographics

Yes, please check all needs/concerns that increased

Needs/Concerns

Asset building (financial education, money management)

Childcare

Culturally informed services (including race, ethnicity)

Dental services

Domestic violence/sexual assault services

Education assistance

Employment services

Food assistance

Housing assistance

Intellectual/developmental disability services

Legal assistance

LGTBQIA+ services

Mental health supports

Physical disability services

Physical health services

Senior services

Substance use disorder services

Transportation assistance

Utility assistance

Youth activities

9.2) In what other ways did COVID-19 impact your family?

10) 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	Asian or Asian American
	Black or African American	Native Hawaiian or Other Pacific Islander
	White	Multi-Racial
	Other: _____	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- or 4-year college graduate	Master's degree graduate	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 youths under age 18 are living with you?	0	1	2	3	4	5	6	7	8+
--	---	---	---	---	---	---	---	---	----

How many seniors aged 65 and over are living with you?	0	1	2	3	4+
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What type of health insurance does your family have?	Medicaid (state)	Medicare (federal)	Private insurance	VA	Other: _____	None
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What is the source of your family's income? (**circle** all that apply)

Social Security	SSDI	TANF	ABD
Earned income/employment		Unemployment insurance	
Pension	Child support	None	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 need services for the following conditions? (**circle** all that apply)

Physical disability	Mental health challenge	Substance use disorder
Intellectual/ Developmental disability	Other: _____	None

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?

0	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	\$1,519	\$2,054	\$2,590	\$3,125	\$3,660	\$4,196	\$4,731	\$5,267

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	\$2,430	\$3,287	\$4,143	\$5,000	\$5,857	\$6,713	\$7,570	\$8,427

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.
Please return this survey to your service provider or by mail in a self-addressed, postage paid envelope.