

COMMUNITY NEEDS ASSESSMENT

We're looking for your input. Southwestern MN Opportunity Council (SMOC) places a very high priority on the involvement of our area residents. We want to make sure our programming fits the needs of those we serve. Thank you for your time.

Please circle one answer for each question and check any/all of the boxes that apply.

Is FOOD a problem for you/your family?

Yes No

IF YES, it is a problem because ...

<input type="checkbox"/>	I don't have enough money for healthy food
<input type="checkbox"/>	I have to cut/skip meals because there isn't enough money for food. I do this ... <input type="checkbox"/> every day <input type="checkbox"/> every week <input type="checkbox"/> every month <input type="checkbox"/> every few months
<input type="checkbox"/>	OTHER (please explain):

Is TRANSPORTATION a problem for you/your family?

Yes No

IF YES, it is a problem because ...

<input type="checkbox"/>	Buses are not accessible <input type="checkbox"/> I live far from routes <input type="checkbox"/> not enough seats <input type="checkbox"/> not enough storage <input type="checkbox"/> not wheelchair friendly <input type="checkbox"/> don't go where I need <input type="checkbox"/> don't run at times I need <input type="checkbox"/> cost too much money <input type="checkbox"/> other
<input type="checkbox"/>	Bus schedules are too hard to figure out
<input type="checkbox"/>	I don't have a car
<input type="checkbox"/>	I have a car but I can't afford it
<input type="checkbox"/>	I don't have a driver's license
<input type="checkbox"/>	My car is in danger of repossession
<input type="checkbox"/>	OTHER (please explain):

Is TECHNOLOGY a problem for you/your family?

Yes No

IF YES, it is a problem because ...

<input type="checkbox"/>	I don't have access to a computer
<input type="checkbox"/>	I don't know how to use a computer
<input type="checkbox"/>	OTHER (please explain):

Is MONEY or GETTING/KEEPING A JOB a problem for you/your family?

Yes No

IF YES, it is a problem because ...

<input type="checkbox"/>	I don't know how to budget my money
<input type="checkbox"/>	I don't have a bank/credit union account because <input type="checkbox"/> I don't understand how to use them <input type="checkbox"/> I don't have one close to me/hours I need <input type="checkbox"/> I don't trust banks/credit unions <input type="checkbox"/> their fees are too high <input type="checkbox"/> other
<input type="checkbox"/>	I'm currently using <input type="checkbox"/> payday loans <input type="checkbox"/> title loans <input type="checkbox"/> rent-to-own <input type="checkbox"/> pawn shops <input type="checkbox"/> check cashers <input type="checkbox"/> other
<input type="checkbox"/>	I have poor credit/no credit
<input type="checkbox"/>	I don't have any savings
<input type="checkbox"/>	I don't make enough to afford my bills
<input type="checkbox"/>	I'm living off of credit cards
<input type="checkbox"/>	Debt collectors constantly call me
<input type="checkbox"/>	I have a lot of debt/old debt ... <input type="checkbox"/> medical <input type="checkbox"/> credit cards <input type="checkbox"/> student loans <input type="checkbox"/> car loan <input type="checkbox"/> child support <input type="checkbox"/> personal loan <input type="checkbox"/> phone <input type="checkbox"/> internet <input type="checkbox"/> utilities <input type="checkbox"/> taxes <input type="checkbox"/> bad checks <input type="checkbox"/> other
<input type="checkbox"/>	I don't qualify for public assistance but can't make ends meet without it
<input type="checkbox"/>	I would make less money if I transitioned off of public assistance/worked more
<input type="checkbox"/>	I don't receive child support and should
<input type="checkbox"/>	I don't have the education/skills needed for jobs that would pay more
<input type="checkbox"/>	I can't get a job that pays more because I don't have adequate transportation
<input type="checkbox"/>	I can't get a job that pays more because I don't have adequate childcare
<input type="checkbox"/>	I can't find a job
<input type="checkbox"/>	I don't have any work experience
<input type="checkbox"/>	I face discrimination in the hiring process/work environment because I ... <input type="checkbox"/> am a person of color <input type="checkbox"/> have children <input type="checkbox"/> use section 8 <input type="checkbox"/> am disabled <input type="checkbox"/> have a background <input type="checkbox"/> am old/young <input type="checkbox"/> other
<input type="checkbox"/>	OTHER (please explain):

Is HOUSING a problem for you/your family?

Yes No

IF YES, it is a problem because ...

My house is in danger of foreclosure
I don't know how to become a homeowner
My finances are not stable enough
The cost of rent is too high for my income
I face housing discrimination because I ... __ am a person of color __ have children __ use section 8 __ am disabled __ have a background __ am old/young __ other
There are not enough options available. I am looking for an/a ... __ efficiency apt __ 1 bedroom apt __ 2 bedroom apt __ 3 bedroom apt __ 4+ bedroom apt __ house to rent __ room to rent __ duplex __ other
There are not any safe options/units
The cost of applying/deposits are too much
I don't have rental history/any references
<i>OTHER (please explain):</i>

Is HEALTH a problem for you/your family?

Yes No

IF YES, it is a problem because ...

I don't have/can't afford insurance
I don't have access to/enough money for meds
I don't have a doctor
I don't know how to live a healthy lifestyle
I am under a lot of stress
I have a health concern that is going unaddressed/I need help managing
<i>OTHER (please explain):</i>

Is HIGHER EDUCATION a problem for you/your family?

Yes No

IF YES, it is a problem because ...

I have a hard time reading and writing
I can't afford college tuition
I don't know how to apply for college
I don't have a high school diploma/GED
I need help with college admissions tests
I can't balance work/family/school
I don't have transportation to school
I don't know how to use a computer
<i>OTHER (please explain):</i>

Are CHILDREN/YOUTH/CHILDCARE a problem for you/your family?

Yes No

IF YES, it is a problem because ...

I can't find/afford positive activities for kids
I am concerned about bullying
I am concerned about our schools because of ... __ my child's education __ discrimination __ disciplinary measures __ other
I don't know how to address the emotional/mental health of my kids
The children in my life face discrimination
I can't afford childcare
Childcare is not available at the times I need __ evenings __ weekends __ overnight __ early morning __ varying shifts __ other
Childcare + transportation don't work for me
I don't have safe/quality childcare
I could use more parenting skills/support
<i>OTHER (please explain):</i>

Is PUBLIC ASSISTANCE a problem for you/your family?

Yes No

IF YES, it is a problem because ...

I don't get enough to make ends meet
I don't know how to apply
I can't get a hold of my worker
Wait lists are too long
Too many/can't meet requirements
<i>OTHER (please explain):</i>

Do you/your family have access to LEADERSHIP OPPORTUNITIES (committees, boards, advisory councils, parent-input groups, etc.)?

Yes No

IF NO, it is a problem because ...

I haven't been asked to engage
I want to participate but don't know how/where
I don't think it matters/makes a difference
<i>OTHER (please explain):</i>

Is RACISM/DISCRIMINATION a problem for you/your family?

Yes No

IF YES, it is a problem because ...

<input type="checkbox"/>	I can't find culturally appropriate stores/services
<input type="checkbox"/>	I am discriminated against in interactions with
<input type="checkbox"/>	social services
<input type="checkbox"/>	police
<input type="checkbox"/>	employers
<input type="checkbox"/>	school system
<input type="checkbox"/>	banks
<input type="checkbox"/>	other
<input type="checkbox"/>	<i>OTHER (please explain):</i>

Is VOTING a problem for you/your family?

Yes No

IF YES, it is a problem because ...

<input type="checkbox"/>	I have a felony
<input type="checkbox"/>	I don't know how/where to vote
<input type="checkbox"/>	I don't think voting matters
<input type="checkbox"/>	<i>OTHER (please explain):</i>

Is INDEPENDENT LIVING a problem for you/your family?

Yes No

IF YES, it is a problem because ...

<input type="checkbox"/>	I want/know someone who wants to stay in my/their home but need assistance with ...
<input type="checkbox"/>	yard work/upkeep
<input type="checkbox"/>	errands
<input type="checkbox"/>	home health care
<input type="checkbox"/>	other
<input type="checkbox"/>	I need help planning for the future (ie: will, health care directives, estate, etc.)
<input type="checkbox"/>	<i>OTHER (please explain):</i>

What, if anything, do you need in order to be stable and feel successful?

Is there anything you'd like to add?

Are you MALE or FEMALE

AGE RANGE <18 18-23 24-44 45-54 55-69 70+

RACE/ETHNICITY _____

IS ENGLISH YOUR PRIMARY LANGUAGE? Y N

ZIP CODE _____

WOULD YOU LIKE SOMEONE TO FOLLOW UP WITH YOU? Y N CONTACT _____

If you received this by mail, please complete and return in the enclosed envelope.

If you downloaded this from our website, please drop off or mail to SMOC, 1106 3rd Ave., Worthington, MN 56187

If you received this on our transit services, please return to driver when completed.

Please complete and return by September 30, 2018. Thank you!