



Community (Resident/Client) Needs Assessment

This information will help us to work together to address services that are needed the most. **All information received is considered confidential**, and only the Action Survey Committee will have access to the information collected.

Upon receipt of your completed survey we will enter your name for a chance to win one of three \$50.00 grocery gift certificates. Please enter your name and phone number below, in order that we may notify you, should you win the raffle, or to contact you should you request information regarding our programs.

Name: _____ Phone #: _____

1. In the past **three years**, which services have you **received** from Action for Eastern Montana? Please circle all that apply.

A	Assistance with Paying an Utility Bill (LIEAP)	G	Weatherization Assistance
F	Youth Employment & Training (Ages 14 – 24)	L	Assistance with Achieving GED / HiSet
C	Medicare Part D Assistance	I	Food Commodities (Low-Income, Over The Age Of 60).
B	Sign up for Social Security/Medicare	H	Heating Emergencies (Energy Share)
D	Elderly/Disabled referred to another Agency/Program	J	Rental Assistance
E	Head Start	K	Senior Companion Services

2. What specific program(s) would you like for Action for Eastern Montana to offer? _____.

3. Please place a check (✓) by the number that reflects your need and/or the Community Need for each item below.

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CATEGORY	NEEDS	Personal Need	Community Need
<u>ASSISTANCE</u>	1. Help With Applying For Social Security, SSDI, WIC, TANF, Etc.		
	2. Help Finding Resources In The Community		
	3. Finding Child Care		
	4. Food		
	5. Commodity Supplemental Food Program (Low-Income, Over The Age Of 60).		
	6. Transportation		
	7. Legal Services		
<u>COMMUNITY</u>	1. Neighborhood Clean-Up Projects		
	2. Crime Awareness Or Crime Reduction		
	3. Public Parks And Facilities		
	4. Employment Opportunities (Jobs Available In The Area).		
<u>EDUCATION</u>	1. GED / Hiset Classes		
	2. English As A Second Language Classes		
	3. Adult Education Or Night School		
	4. Computer Skills Training		
	5. Assistance To Attend Trade Or Technical School, Or College		
<u>EMPLOYMENT</u>	1. Help Finding A Job		
	2. Help With Job Interviewing Skills, Resume Writing, Etc.)		
	3. Help With Job Training & Job Search Strategies		
	4. Career Assessment (Discovering Career Values & Motives / Exploring Your Work & Learning Interests).		
	5. Soft Skills Guidance (Reliability, Attitude, Initiative, Work Ethic, Motivation, Etc.)		
	6. Work Clothes		
<u>FAMILY SUPPORT</u>	1. Financial Education / Budgeting And / Or Credit Counseling		
	2. Parenting Classes		
	3. Nutrition Education / Healthy Eating Education Workshops		
	4. Classes On Healthy Relationships, Resolving Conflicts w/i The Family, Etc.		
	5. Counseling Services		
	6. Programs And Activities For Seniors		
	7. Senior Companion (Seniors Who Need Extra Assist. To Live Independently In Their home).		
	8. All Day Child Care (Example: 8 AM to 5 PM)		
	9. Child Care For Evening Hours, Due To Work Shift Schedule		
	10. Before And After School Child Care		
	11. Adult Care Or Dependent Care		
<u>HOUSING</u>	1. Affordable Housing		
	2. Help Paying Rent		
	3. Help With Utility Bills		
	4. Help To Make My Home More Energy Efficient (Weatherization)		
	5. Home Repairs		

CATEGORY	NEEDS	Personal Need	Community Need
MEDICAL	1. Health Insurance / Affordable Medical Care		
	2. Prescription Assistance		
	3. Dental Care		
	4. Eye Care		
	5. Medicare		
	6. Medical Equipment (Canes, Crutches, Commode/Urinal; Walker; Toilet Riser/Seat; Wheelchair; Bath Bench; Etc.)		
TRANSPORTATION	1. Driver's License		
	2. Insurance		
	3. Vehicle Registration		
	4. Child Safety Seat(S)		
	5. Information About Bus Routes/Services		
	6. Bus Tickets (\$ For Bus)		
	7. Gasoline		
	8. Auto Repairs		
	9. Transportation For Someone W/Disability		

FOR DEMOGRAPHIC STATISTICS WOULD YOU PLEASE ANSWER THE FOLLOWING QUESTIONS. YOUR ANSWERS WILL REMAIN STRICTLY CONFIDENTIAL.

1. What is your age group? Please circle your answer. **A.** 21 or under **B.** 22-55 **C.** 56 or over
2. Total YEARLY PRE-TAX (gross) income? Please circle your answer.

A	\$12,140 or less	B	\$12,141 to \$16,459	C	\$16,460 to \$20,780	D	\$20,781 to \$25,099
E	\$25,099 to \$ 29,419	F	\$29,420 to \$33,739	G	\$33,740 to \$38,059	H	\$38,060 to \$42,379
I	More than \$42,379						

3. Which of the following best represents your racial or ethnic heritage? Please circle one below.

A	American Indian or Alaska Native	B	Non-Hispanic White or EU American	C	Black or African American
D	Native Hawaiian or Other Pacific Islander	E	White / Caucasian	F	Other
G	Asian	H	Latino or Hispanic American	I	

4. What is your gender? _____ Male _____ Female Other: _____
5. How far did you go in School? Please circle your answer.

A	I didn't attend school	B	8th grade or less	C	Some High School	D	High School Diploma
E	GED / HiSet	F	Trade School	G	Some College	H	Associates Degree
I	Bachelor's Degree	J	Master's Degree & Above				

6. Are you an US veteran? Yes _____ No _____
7. What is your marital status? Please circle your answer.
A. Single **B.** Married **C.** Widowed **D.** Divorced **E.** Separated **F.** Living with Partner
8. How many people live in your house? Please circle your answer.
A. 1 **B.** 2 **C.** 3 **D.** 4 **E.** 5 **F.** 6 **G.** 7 **H.** 8 **I.** 9 **J.** 10 or more

9. In what **town** do you live? _____

10. In what county do you reside? Please circle your answer.

A.	Carter	B.	Custer	C.	Daniels	D.	Dawson	E.	Fallon	F.	Garfield
G.	McCone	H.	Phillips	I.	Powder River	J.	Prairie	K.	Richland	L.	Roosevelt
M.	Rosebud	N.	Sheridan	O.	Treasure	P.	Valley	Q.	Wibaux		

11. What have we not asked you about that you feel is important? _____