

ILLINOIS COMMUNITY ACTION AGENCIES  
Client Needs Assessment



Illinois Department of  
Commerce &  
Economic Opportunity  
Community Services  
Block Grant

Illinois's community action agencies are conducting a study of the needs individuals and families may be experiencing in their lives. Results from the study will be considered by the community action agencies for planning, developing, and delivering agency programs, services, and activities.

**INSTRUCTIONS:** Please answer each question by checking the appropriate box (or boxes) or providing a written response. After completing the survey, please return it where you received it.

*All surveys will be kept confidential. Thank you for participating.*

1. What county do you live in? \_\_\_\_\_ 2. What is your household's zip code? \_\_\_\_\_
3. Are you a male or female?  Male  Female  Other
4. Are you aged 55 or over?  YES  NO
5. Are you married or living with a partner?  YES  NO
6. **EMPLOYMENT:** Which employment needs could you use help with (select all that apply)...
  - Getting training for the job that I want
  - Getting an education for the job that I want
  - Finding a permanent full-time job that will support me or my family
  - Knowing what jobs are available
  - Learning how to interview for a job
  - Learning how to write a resume
  - Learning how to fill out job applications
  - Learning computer skills to apply for jobs
  - Obtaining appropriate clothing for my job
  - Obtaining equipment (e.g. tools) for my job
7. **EDUCATION:** Which education needs could you or a family member use help with (select all that apply)...
  - Obtaining a high school diploma or GED/HSED
  - Obtaining a two-year college degree
  - Obtaining a four-year college or university degree
  - Choosing a career
  - Choosing a technical school program
  - Learning how to use a computer
  - Learning or improving communication or language skills
  - Learning English (as a second language)
  - Getting financial assistance to complete my education
  - Completing college aid forms (including FAFSA forms)
8. **FINANCIAL AND LEGAL ISSUES:** Which financial and/or legal needs could you or your family use help with (select all that apply)...
  - Budgeting and managing money
  - Opening a checking or savings account
  - Filling out tax forms
  - Understanding credit scores
  - Solving problems with a credit card or loan company
  - Solving problems with utility or telephone company
  - Solving problems with payday loans
  - Solving bank foreclosure/bankruptcy/repossession problems or issues
  - Solving divorce problems or issues
  - Solving child custody problems or issues
  - Solving child support problems or issues
  - Solving restraining order problems or issues
  - Getting protection in domestic violence situations
  - Getting legal assistance with deportation or immigration issues
  - Getting legal assistance when denied services

9. **HOUSING:** Which housing needs could you or your family use help with (select all that apply)...

- Finding affordable housing that fits my family's needs
- Getting financial assistance with a down payment or closing costs to buy a home
- Qualifying for a loan to buy a home
- Obtaining home ownership education
- Obtaining renter/tenant rights and responsibilities education
- Learning basic home repair and property maintenance skills
- Getting financial assistance with rent payments
- Getting financial assistance with rent deposits
- Making my home more energy efficient
- Making changes to my home for a person with disabilities
- Getting emergency shelter

10. **FOOD AND NUTRITION:** Which food and nutrition needs could you or your family use help with (select all that apply)...

- Getting food from food pantries, food banks, or food shelves
- Having enough food at home
- Learning how to shop and cook for healthy eating
- Learning how to stretch my food dollar
- Getting emergency food assistance
- Getting meals delivered to my home
- Enrolling in the Food Assistance Program
- Learning how to model healthy eating for my children
- Getting nutritious foods during pregnancy
- Obtaining breastfeeding education and assistance

11. Do you have children (under the age of 18) living with you?     YES     NO *(If NO, skip questions 12 and 13)*

12. **CHILD CARE AND CHILD DEVELOPMENT:** If you have children (under the age of 18) living with you, which child care and/or child development needs could you or your family use help with (select all that apply)...

- Finding child care in a convenient location
- Finding quality licensed child care
- Finding affordable child care
- Finding child care for babies
- Finding child care for toddlers
- Finding child care for preschoolers
- Finding evening or nighttime child care
- Finding weekend child care
- Finding a quality preschool
- Finding a before/after school program
- Preparing my preschool child for public school
- Getting financial assistance with child care costs
- Getting financial assistance with school supplies
- Getting financial assistance with school fees
- Getting financial assistance with school or club activities

13. **PARENTING AND FAMILY SUPPORT:** If you have children (under the age of 18) living with you, which parenting and/or family support needs could you or your family use help with (select all that apply)...

- Learning how to discipline my children more effectively
- Learning how to communicate and deal with my teenage children
- Learning how to deal with my children who have displayed bullying or violent behavior
- Learning how to deal with the bullying or violent behavior of my children's friends
- Learning how to talk to my children about drugs and alcohol
- Learning how to talk to my children about sex, AIDS, STDs, etc.
- Learning how to help my children cope with stress, depression, or emotional issues
- Learning how to set goals and plan for my family
- Communicating better with my children's care provider or teachers

14. **TRANSPORTATION:** *Which transportation needs could you or your family use help with (select all that apply)...*

- Having access to public transportation
- Having dependable transportation to and from work
- Getting financial assistance to buy a dependable car
- Getting financial assistance to make car repairs
- Getting financial assistance to buy car insurance
- Getting financial assistance to pay car registration or license fees
- Getting a driver's license
- Getting to and from medical or dental appointments
- Getting myself to and from school
- Getting my children to and from child care
- Getting my children to and from school
- Getting my children to and from school or club activities
- Going shopping and doing errands

15. **HEALTH:** *Which health needs could you or a family member use help with (select all that apply)...*

- Having affordable health insurance
- Having affordable dental insurance
- Having health care available in my community
- Having dental care available in my community
- Getting my health insurance questions answered
- Finding a doctor willing to accept Medicaid (Title XIX)
- Finding a dentist willing to accept Medicaid (Title XIX)
- Getting financial assistance for regular medical checkups
- Getting financial assistance for regular dental checkups
- Getting financial assistance for medicine and prescriptions
- Getting financial assistance for items such as glasses, hearing aids, wheelchairs, etc.
- Getting financial assistance for long-term health care
- Obtaining family planning or birth control education and assistance
- Getting good medical care before my baby is born
- Getting regular check-ups, developmental screens, or physicals for my children
- Getting my children tested for lead poisoning
- Getting immunizations for my children
- Getting treatment for a drug or alcohol problem
- Getting treatment and services for mental health
- Dealing with stress, depression, or anxiety
- Dealing with problems related to physical, emotional, or sexual abuse

16. **BASIC NEEDS:** *Which basic needs could you or your family use help with (select all that apply)...*

- Getting basic furniture, appliances, or house wares
- Getting personal care items such as soap, diapers, toilet paper, etc.
- Getting clothing and shoes
- Doing yard work or snow removal
- Doing house work or laundry
- Managing medications
- Having a reliable phone
- Having access to the Internet
- Getting financial assistance with my utility bills (heating, electric, and/or water)

17. Are there any problems or needs that you or your family faced within the last 12 months that you were unable to get help with?

- YES  NO If YES, please list those problems or needs:

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18. What is ONE thing you would like to see improved in your neighborhood?

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19. How did you learn about our agency? Select all that apply:
- Family or friend     Current or former agency client     The household I grew up in had received agency services  
 Health care provider     A state agency     Other social service agency  
 Brochure or flyer     Websites/Internet     Newspaper     Phone book     A mailing  
 Television     Social media (Facebook, Twitter, etc.)     Local Church     Billboard     Radio     Other
20. What are your sources of household income? Select all that apply:
- No income     TANF     Employment income     Social Security     SSI     Other  
 Child support or alimony     General Assistance     Unemployment insurance     Self-employed     Pension
21. In the last 12 months, how has your household's income situation changed?  Increased     Decreased     No change
22. What time of day would you prefer to come to one of our locations (offices) for assistance? Select one:
- Weekday hours of 8:00 am - 4:30 pm     Saturday hours from 9:00 am - 12:00 pm  
 Weekday evening hours from 5:00 pm - 7:00 pm     I am not able to come to any of your locations
23. What services has your household received from our agency within the last 12 months? Select all that apply:
- Energy Assistance (LIHEAP)     \_\_\_\_\_     \_\_\_\_\_  
 Weatherization     \_\_\_\_\_     \_\_\_\_\_  
 Head Start/Early Head Start     \_\_\_\_\_     \_\_\_\_\_  
 \_\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_  
 \_\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_
24. If you know anyone with an incarcerated adult in their family, do they ever talk about particular concerns that could be addressed through... Select all that apply:
- Transportation assistance     Child care assistance     Job skills training     Medical bill assistance  
 Mentor or after school programs for children     Financial assistance     Stress relief     Other
25. When you think about your adult family, friends and neighbors, how many of them might say something like "there's too much month at the end of my money?" or "where am I going to find money to pay for that?" Select one:
- Almost none (0 to 5%)     Some (6 to 33%)     Quite a few (26 to 66%)     Most (67 to 95%)     Almost everyone (96 to 100%)
26. When you think about your family, friends and neighbors, how many of them may have difficulties finding or buying enough quality food to provide at least three meals per day? Select one:
- Almost none (0 to 5%)     Some (6 to 33%)     Quite a few (26 to 66%)     Most (67 to 95%)     Almost everyone (96 to 100%)
27. When you have time to rest or are ready to sleep, what kind of issues in your family or neighborhood keep you up?
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28. If given the opportunity, would you be willing to serve on a local board or committee that represents and makes decisions for families with low-incomes?  YES     NO     Unsure    If YES, please provide your name and phone number:

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 PHONE NUMBER (999-999-9999): \_\_\_\_\_

### Customer Satisfaction Survey

1. I was helped in a timely manner.     YES     NO     N/A (not applicable)
2. I was treated with respect.     YES     NO     N/A
3. The staff were friendly and helpful.     YES     NO     N/A
4. I got the information and/or the services I needed.     YES     NO     N/A
5. I was informed about other agency or community services.     YES     NO     N/A
6. I would recommend your agency to family and friends.     YES     NO     N/A
7. What is ONE thing you would change about the services you received from our agency?
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