

ILLINOIS COMMUNITY ACTION AGENCIES

Needs Assessment Survey



Illinois Department of
Commerce &
Economic Opportunity

Community Services
Block Grant

Illinois's community action agencies are conducting a study of the needs of low-income people. Results from the study will be considered by Illinois's community action agencies for planning, developing, and delivering agency activities, services, and initiatives.

INSTRUCTIONS:

Please answer each question by checking the appropriate box or boxes. If a question does not apply to you, please leave it blank. "Community" is defined as the neighborhood and/or city in which you live.

-
1. What county do you live in? _____
 2. What is your position with the community action agency? select all that apply:
 board member staff person Head Start Policy Council advisory committee
 - 2a. How many years have you served in this capacity?
 0-2 3-5 6-10 11-15 16-20 21-25 26-30 over 30
 3. Are there full-time living wage employment opportunities available in your community?
 there are many opportunities there are some opportunities there are few opportunities
 there are not any opportunities unsure
 - 3a. Why do you believe people have problems getting or keeping a job? select all that apply:
 jobs are not available physical or mental disabilities health issues
 language barriers need better technical job skills substance abuse issues
 lack of education transportation other
 need child care need better communication, people/customer job skills
 4. Are there child care programs for low-income families available in your community?
 there are many programs there are some programs there are few programs
 there are not any programs unsure
 5. Are pre-school programs (including Head Start programs) for low-income families available in your community?
 there are many programs there are some programs there are few programs
 there are not any programs unsure
 6. Are affordable youth (ages 5 to 17) activities or after school programs available in your community?
 there are many activities/programs there are some activities/programs
 there are few activities/programs there are not any activities/programs unsure
 7. In your community, in which areas do you believe youth (ages 12 to 17) need assistance? select all that apply:
 after school supervision school attendance birth control teen parenting obesity
 learning disabilities behavior disorders tutoring mentoring and leadership
 finding employment gang participation volunteering sexually transmitted diseases
 substance abuse/tobacco affordable school/community activities none of these apply
 8. Do you believe the schools in your community meet the educational needs of the children they serve?
 in almost all cases in most cases in some cases in a few cases not at all unsure

9. Are non-medical emergency services available in your community? YES NO unsure
10. Are emergency shelters available in your community? YES NO unsure
11. Are medical services available for low-income people in your community? YES NO unsure
12. Are dental services available for low-income people in your community? YES NO unsure
13. Are wellness (nutrition, exercise, etc.) programs available for low-income people in your community?
 YES NO unsure
14. Are the homes in your community in good repair? select one:
 most of them are some of them are few of them are none are unsure
15. What public transportation options are available in your community? select all that apply:
 cab or taxi regional transit bus municipal bus trolley none other
16. Which of the following issues do you believe are the greatest challenges low-income households are currently facing? select all that apply:
- | | | | |
|--|---|---|---|
| <input type="checkbox"/> education | <input type="checkbox"/> child care | <input type="checkbox"/> living wage employment | <input type="checkbox"/> mental health services |
| <input type="checkbox"/> job training | <input type="checkbox"/> teen pregnancy | <input type="checkbox"/> family/child abuse | <input type="checkbox"/> medical care access |
| <input type="checkbox"/> housing | <input type="checkbox"/> substance abuse | <input type="checkbox"/> language barriers | <input type="checkbox"/> dental care access |
| <input type="checkbox"/> budgeting | <input type="checkbox"/> transportation | <input type="checkbox"/> health food selection | <input type="checkbox"/> health care costs |
| <input type="checkbox"/> parenting | <input type="checkbox"/> family violence | <input type="checkbox"/> special needs children | <input type="checkbox"/> credit card debt |
| <input type="checkbox"/> chronic illness | <input type="checkbox"/> energy/utility costs | <input type="checkbox"/> none apply | |
17. Which of the following areas do you believe low-income households need assistance with in order to achieve or maintain self-sufficiency? select all that apply:
- | | | | |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> employment | <input type="checkbox"/> mental health | <input type="checkbox"/> medical care | <input type="checkbox"/> substance abuse treatment |
| <input type="checkbox"/> job training | <input type="checkbox"/> education | <input type="checkbox"/> family/child abuse | <input type="checkbox"/> financial planning |
| <input type="checkbox"/> housing | <input type="checkbox"/> transportation | <input type="checkbox"/> language barriers | <input type="checkbox"/> parenting education |
| <input type="checkbox"/> child care | <input type="checkbox"/> legal issues | <input type="checkbox"/> family planning | <input type="checkbox"/> energy/utility costs <input type="checkbox"/> none apply |
18. Which of the following areas do you believe the elderly (seniors) in your community need assistance with in order to remain in their home? select all that apply:
- | | | | |
|---|---|---|---|
| <input type="checkbox"/> housework | <input type="checkbox"/> yard work/snow removal | <input type="checkbox"/> home repairs | <input type="checkbox"/> energy/utility costs |
| <input type="checkbox"/> managing medications | <input type="checkbox"/> grocery shopping | <input type="checkbox"/> preparing meals | <input type="checkbox"/> laundry |
| <input type="checkbox"/> financial assistance | <input type="checkbox"/> tax preparation/legal issues | <input type="checkbox"/> access to transportation | |
19. Of the following, with which of these do you believe low-income families need information, education, guidance, and/or assistance?
- | | | | |
|---|------------------------------|-----------------------------|---------------------------------|
| checking and savings accounts | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| credit cards..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| payday loans | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| car <u>title</u> loans (not a car purchase loan)..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| budgeting or money management issues | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| financial credit issues | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| filing tax returns (EITC) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| obtaining loans | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| property tax exemptions | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| rent reimbursement claims..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| home energy/utility cost issues | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |

*** THANK YOU FOR YOUR PARTICIPATION ***