



Community Action Development Corporation
 P.O. Box 989
 Frederick, OK 73542
 Website: cadconnection.com

Community Needs Assessment Survey

(Agency name) regularly conducts a survey to determine what the needs are in your community so we will know where to best focus our efforts and funding. Your help in completing this survey is sincerely appreciated.

Please list your City _____ County _____, and Zip Code _____

Check the response that best represents you.

4. What is your gender?

- Male Female

6. What is your race?

- White or Caucasian Black or African American
 Asian American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Other _____

8. What best describes your household?

- Two Parent Single Parent Female
 Single Parent Male Multifamily household
 Single person Two adults no children
 Grandparent(s) raising grandchildren

10. What is the primary language spoken in the home?

- English Spanish Other _____

12. Anyone in your household receive disability benefits?

- Yes No

If yes, please mark # of each below:

_____ # of Children _____ # of Adults

14. Mark the choice that best describes you:

- Client of Agency
 (Have received services from agency. Example -- Tax Preparation)
 Agency Board Member
 Agency Volunteer
 Representative of an educational institution
 (Public or private school, college, technical school)
 Representative of a government entity
 (City, County, State, or Federal)
 Representative of a private organization
 (Business, local civic group)
 Representative of a faith-based organization
 (Church or other religious organization)
 Representative of a community based organization
 (Nonprofit entities providing direct services)
 General Public
 (Have NOT received services from the agency)

5. What is your ethnicity?

- Hispanic Non-Hispanic

7. What is your highest level of education completed?

- Less than 9th grade 9th-12th grade (no diploma)
 High School Diploma/GED Technical School/Votech
 Some college (no degree) Associate's degree
 Bachelor's degree Graduate/Professional

9. WRITE IN THE NUMBER of persons for each age group in your household.

_____ 0-2 _____ 3-4 _____ 5-9 _____ 10-14
 _____ 15-17 _____ 18-19 _____ 20-24 _____ 25-34
 _____ 35-44 _____ 45-54 _____ 55-59 _____ 60-64
 _____ 65-74 _____ 75-84 _____ 85 and older

11. Is anyone in your household a veteran?

- Yes No

13. What was your total household income last year?

- Less than \$10,000 \$10,000 - \$14,999
 \$15,000-\$19,999 \$20,000 - \$24,999
 \$25,000 - \$34,999 \$35,000 - \$49,999
 Over \$49,999

15. What program/services would you like to see continued in your community? (Agency would provide unique list of programs/services offered by both agency and in the service community or leave as an open ended question) (Would use 1-5 rankings or leave open)

Example:

- _____ 1. Head Start/Early Head Start
 _____ 2. Health Care Assistance
 _____ 3. Red River Transportation
 _____ 4. RX/Prescription Program
 _____ 5. Senior Nutrition Program
 _____ 6. VITA/Income Tax Preparation
 _____ 7. Weatherization

Other: _____

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16. How much does each item rate as a need in your community? Please check only one rating for each need listed

NUTRITION	No Need	Some Need	Great Need	Don't Know
Availability/access to food (grocery store)				
Community Gardens				
Nutrition Education/Healthy Eating				
Need food				

EMPLOYMENT	No Need	Some Need	Great Need	Don't Know
Job Training				
Help finding a job				
Higher Paying Jobs or Jobs with Benefits				

HEALTH	No Need	Some Need	Great Need	Don't Know
Health Insurance/Affordable Health Care				
Health Education Services				
Mental Health Services				
Substance Abuse Counseling/Treatment				
RX (prescription assistance)				
Child Immunizations				
Teenage Pregnancy/Family Planning				
Elder Care				
Vision				
Dental Insurance/Affordable Dental				

LINKAGES	No Need	Some Need	Great Need	Don't Know
Prisoner Discharge Services				
Public Transportation				
Vehicle Repair Assistance				
Access to Services (WIC, SNAP, SSI, Sooner Care)				

INCOME MANAGEMENT	No Need	Some Need	Great Need	Don't Know
Free Income Tax Preparation Assistance				
Gambling Counseling				
Budget/Credit/Debit Counseling				

EDUCATION	No Need	Some Need	Great Need	Don't Know
Early Childhood Education Programs				
GED Classes				
English as a Second-Language Classes				
Computer Skills Training				
Literacy Classes				
Technical and Vocational Training				
Childcare				

HOUSING	No Need	Some Need	Great Need	Don't Know
Decent affordable houses to RENT				
Decent affordable houses to BUY				
Weatherization (Home Energy Improvement)				
Home Repair				
Home Buyer Education				
Handicap Accessibility Housing				
Senior Citizens Housing				
Rental Assistance				
Utility Assistance				

COMMUNITY	No Need	Some Need	Great Need	Don't Know
Safe Neighborhoods, sidewalks, parks				
Homeless Shelter				
Senior Activities				
Recreational Activities				
Youth Activities				
Crime Prevention				
Additional Health Care Facilities (Doctor's Offices, Clinics, Pharmacies)				
Legal Assistance				
Volunteer Opportunities				

Please describe any other need that was not listed above:

Thank you for your participation!