

**COMMUNITY NEEDS ASSESSMENT SURVEY  
FOR THE ROSS SERVICE COORDINATOR PROGRAM**

**Part I: Household Information:**

1. Are you an adult 18 years or older? (please circle one)                    YES    NO
2. Are you the head of household? (please circle one)                        YES    NO
3. Does anyone in your household have a mental or physical disability? (circle one)                    YES    NO

**Part II: Community/Household Needs:**

4. How would you rate the following issues for your household?

| Issue   | Serious Problem | Moderate Problem | Not a Problem | Does Not Apply to My Household |
|---|-----------------|------------------|---------------|--------------------------------|
| Availability of job training opportunities        |                 |                  |               |                                |
| Availability of jobs for adults                   |                 |                  |               |                                |
| Availability of jobs for youth                    |                 |                  |               |                                |
| Education   |                 |                  |               |                                |
| Availability of child-care services               |                 |                  |               |                                |
| Lack of computer/digital literacy                 |                 |                  |               |                                |
| Lack of affordable Internet service               |                 |                  |               |                                |
| Cost of living                                    |                 |                  |               |                                |
| Income/wages                                      |                 |                  |               |                                |
| Debt  |                 |                  |               |                                |
| Financial security                                |                 |                  |               |                                |
| Availability of financial services                |                 |                  |               |                                |
| Availability of financial counseling              |                 |                  |               |                                |
| Elderly living assistance (62+)                   |                 |                  |               |                                |
| Physical health                                   |                 |                  |               |                                |
| Mental health                                     |                 |                  |               |                                |
| Seeking employment with a criminal record         |                 |                  |               |                                |
| Obtaining a degree/diploma with a criminal record |                 |                  |               |                                |
| Availability of substance abuse services          |                 |                  |               |                                |
| Need for substance abuse treatment                |                 |                  |               |                                |

5. What are the things that make it difficult for you or other adults in your household to find and/or keep work? (check all that apply)

| BARRIER  | Please Check All that Apply |
|--|-----------------------------|
| Nothing  |                             |
| Need affordable childcare                          |                             |
| Caring for a family member who is sick or disabled |                             |
| Do not speak English well                          |                             |
| Need computer training                             |                             |
| Need Internet Access                               |                             |
| Need transportation                                |                             |
| Need job experience                                |                             |
| Need job training                                  |                             |
| No job opportunities                               |                             |
| Do not have a high school diploma/GED              |                             |
| Do not have a college degree/Professional License  |                             |
| Disability   |                             |
| Criminal record                                    |                             |
| Lack of transportation                             |                             |
| Other – specify                                    |                             |
| Other – specify                                    |                             |
| Other – specify                                    |                             |
| Don't know   |                             |
| No response  |                             |

*(Please continue on next page)*

|   |                                       |  |                                       |
|---|---------------------------------------|--|---------------------------------------|
|   |                                       |  |                                       |
| <b>6. Do you or others in your household have an interest in the following? (please check all that apply)</b> |                                       | <b>7. Do you or another adult in your household have difficulty with any of the following? (please check all that apply)</b> |                                       |
| <b>6. Interest</b>  | <b>6. Please Check All that Apply</b> | <b>7. Subject/Skill</b>  | <b>7. Please Check All that Apply</b> |
| GED/Adult education   |                                       | Reading  |                                       |
| Vocational training   |                                       | Math   |                                       |
| Increasing income   |                                       | Writing  |                                       |
| Getting a job   |                                       | Speaking English   |                                       |
| Getting a better job  |                                       | Writing English  |                                       |
| Computer training   |                                       | Using a computer   |                                       |
| Saving money  |                                       | Other (specify)  |                                       |
| Eliminating debt  |                                       | Other (specify)  |                                       |
| 2-year college  |                                       | Other (specify)  |                                       |
| 4-year college  |                                       | Don't know   |                                       |
| Trade school  |                                       | None   |                                       |
| Other (specify)   |                                       | No response  |                                       |
| Other (specify)   |                                       |  |                                       |
| Don't know  |                                       |  |                                       |
| None  |                                       |  |                                       |
| No response   |                                       |  |                                       |
|   |                                       |  |                                       |
| <b>8. What are the primary health care needs of your household? (check all that apply)</b>                    |                                       | <b>9. What is your gender? (check one)</b>   |                                       |
| Primary health care   |                                       | <b>Gender</b>  | <b>Check One</b>                      |
| Pediatric (child) care  |                                       |  |                                       |
| Prenatal (pregnancy) care   |                                       | Identifies as female   |                                       |
| Dental care   |                                       | Identifies as male   |                                       |
| Healthcare education/prevention   |                                       | Other  |                                       |
| Nutrition and exercise programs   |                                       |  |                                       |
| Services to help alleviate stress/anxiety/depression  |                                       |  |                                       |
| Assistance with daily living for elderly/disabled residents   |                                       | <b>10. What is your age (check range)</b>  |                                       |
| Health screening services   |                                       |  |                                       |
| Substance abuse treatment   |                                       | <b>Age Range</b>   | <b>Check One</b>                      |
| Smoking cessation programs  |                                       |  |                                       |
| Drinking cessation programs   |                                       | 18-24  |                                       |
| Transportation to healthcare services   |                                       | 25-34  |                                       |
| Other - specify   |                                       | 35-44  |                                       |
| Other - specify   |                                       | 45-54  |                                       |
| Other - specify   |                                       | 55-65  |                                       |
| Don't know  |                                       | 65 or older  |                                       |
| None  |                                       | No response  |                                       |

***Thank you for your participation!***