The following survey can be altered to fit your organizational needs. This request will be a useful tool to aid in creating a relationship with the family you are serving and identifying their needs.

By completing this survey, you will help towards research of understanding families' resources and needs. You will be asked to answer survey questions that include education, employment, housing, healthcare and other basic needs. This will take approximately 15 - 20 minutes of your time.

The benefit of this research is that you will be helping the organizations in your community to better understand our community needs, the resources available and the services that are still needed. This information will help us to work together to address services that are needed the most. There are no risks to you for participating in this study, and no penalty for not participating.

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1. Today's Date:
2. What is your age?
3. How far did you go in School?

I didn't attend school

8th grade or less

Some High School

GED

High School Diploma

Some College

Associate's Degree

Trade School

Bachelor's Degree

Master's Degree

Professional Certification

Doctoral Degree

Other (please specify)

1. Below is a list of agencies. Please select any who are providing you and your family with help?

Hope

ACCESS

Community Action

Cherokee County Public Health

ETMC

The Clothes Closet

The Crisis Center

Living Alternatives

The Mission (People's Church)

Meals on Wheels

Salvation Army

Our Lady of Sorrows Catholic Church

First Methodist Church

The Good Samaritan

River of Life Christian Center

Goodwill

Other (please specify)

1. Are you able to work?

Yes

No

1. What is your employment status?

Full time (1)

Not working, retired (5)

Part time (2)

Seasonal (3)

Unemployed (4)

1. If Unemployed, are you currently looking for work?

Yes

No

1. If you are unemployed, please select the reason(s) why below:

Attempting to flee domestic abuse or sexual assault

Criminal Background

Criminal background: Misdemeanor

Criminal background: Felony

Criminal background: Deferred Adjudication

Criminal background: Probation

Criminal background: Awaiting Outcome

Domestic violence/sexual assault victim

Drug/alcohol problem

Lack childcare

Lack permanent address

Lack proper clothing

Lack skills/education

Lack transportation

Lack US documents

Language barrier

Layoff or Downsizing

Learning/developmental disability

Mental health problem

Other health issues

Permanent physical disability

Sexual orientation or gender identity

Temporary physical disability

Unaccompanied youth

Other (please specify)

1. Would you like help with these job-related activities? (Check all that apply)

Career assessment

Career/job training

Job search strategies

Job Interviewing skills

Resume writing

Career Information options

Work clothes

None

1. Do you have reliable telephone access?

Yes

 No

1. Do you have access to the Internet?

Yes

 No

If No is selected, then SKIP the next question.

1. Where do you usually use the internet?  (Check all that apply)

At home

At work

At the library

At a friend's home

At a family member's home

Other (please specify)

1. What is your Zip code?
2. In what town do you usually stay?

Alto

Bullard

Cuney

Etna

Gallatin

Jacksonville

New Summerfield

Reese

Recklaw

Rusk

Troup

Wells

Outside of Cherokee County

Other (please specify)

1. What is your housing status?

Own

Rent

Staying with friends or family

Homeless - streets/car

Homeless - shelter

Homeless - transitional housing (HUD temporary)

Hotel/motel

Nursing/long term care

Assisted living

Group home

Halfway house

Other (please specify)

1. Which of the following best represents your racial or ethnic heritage?

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

Non-Hispanic White or European American

Latino or Hispanic American

American Indian or Alaska Native and White

Asian and White

Black or African American and White

American Indian or Alaska Native and Black or African American

Other Multiple race combinations greater than one percent (please specify)

1. What language do you speak at home?

English

Spanish

Spanish and English

Other (please specify)

1. What is your marital status?

Single

Married

Widowed

Divorced

Separated

Living with partner

1. Do you have minor children? (under 18)

Yes

No

If No is selected, then SKIP the next question.

1. Are you your child(ren)'s primary caretaker?

Yes

 No

1. If you have children or other dependents under your care:  What is your family situation?

Single mom

Single dad

Two parents

Raising own children and children of others

Raising children of other family members (I am a grandparent, aunt, etc.)

Raising someone else's children, not family

Foster parents

Shared custody

No children, other dependents

1. Who provides your childcare? (or dependent care)? *(Check all that apply)*

Self

Friends

Family

Church

Daycare

Have to leave children alone

Before and/or after school on campus

If "Self" is selected, then SKIP the next question.

1. Is your childcare (dependent care) provider dependable?

Yes

No

1. Do you need different childcare (dependent care) help?

Yes

No

1. What kind of childcare (dependent care) help do you need?

Daycare center

Before/after school care

Care for child with special needs

Evening hours due to work shift schedule

Other (please specify)

1. Have you ever lost a job because you didn't have dependable child or dependent care?

Yes

No

1. Are you caring for adult children or adult dependents including seniors?  (Due to mental or physical disability)

No

Yes (please specify)

If No is selected, then SKIP the next question.

1. Who provides care for the adult children or adult dependents?  (Check all that apply)

Self

Friends

Family

Church

Daycare

Have to leave elder/senior alone

Able to stay home alone

Other (please specify)

1. How many people live where you stay?

1

2

3

4

5

6

7

8

9

10

Other (please specify)

1. Using the answer from previous question, please select the appropriate number of household members to determine Income level?

Family of 1 - $11,490 (1)

Family of 2 - $15,510 (2)

Family of 3 - $19,530 (3)

Family of 4 - $23,550 (4)

Family of 5 - $27,570 (5)

Family of 6 - $31,590 (6)

Family of 7 - $35,610 (7)

Family of 8 - $39,630 (8)

Family of 9 - $43,650 (9)

Family of 10 - $47,670 (10)

For each additional Family member, add $4,020 (11)

1. Is your household income "More than" or "Less than" the Income level selected for the number of household members?

MORE than

LESS than

1. Which of these monthly bills do you have? *(Check all that apply)*

Cable/Satellite TV

Car/Transportation

Child Care

Child Support

Credit Cards

Food

Gasoline

Insurance

Internet

Loans

Loans - Payday

Loans - School

Medical

Mortgage

Phone - Cell

Phone - House

Rent

Utilities

None

Other (please specify)

1. What types of income do you have? *(Check all that apply)*

Child support

Employer wages

Family/Friends

Kindness of strangers

No Income

Pension/Retirement

SS

SSI/SSDI

Student grants/loans

TANF (Temporary Assistance for Needy Families)

Unemployment benefits

VA

Other (please specify)

1. Tell me if you or a household member receive any of these types of assistance? *(Check all that apply)*

CHIPS - Children's Medicaid

Department of Family and Protective Servcies (DFPS)

Dept. of Assistive and Rehabilitive Services (DARS)

Housing Voucher (Section 8)

Medicaid

Medicare

SNAP (Food stamps)

TANF - Temporary Assistance for Needy Families

Texas Workforce Commission

WIC - Woman, Infants, and Children nutrition assistance

Women’s Health Services

None

1. Do You, or someone in your home have special needs?

Yes, me

Yes, a household member

Yes, a household member and me

No  
If No is selected, then SKIP the next question.

1. Do you have any of these School/Education related needs?  (Check all that apply)

Adult Basic Education

Adult Education (i.e. computer classes)

ARD Assistance (Special Education services at school)

Child's behavior concern

Child's homework/schoolwork concerns

Child's school attendance concerns

Child's standardized exams STARR

Money for tuition. (School, College, Trade School)

Difficulty reading (adult)

Difficulty reading (child)

English as a second language

GED/High School Diploma

Need clothes for school

Obtaining money for school supplies

Other (please specify)

1. In the past 24 months, has your child had to transfer schools because you moved?

Yes

No

Not Applicable, no school aged child

If YES, how many times?

1. Do you have any of the following housing related needs? (Check all that apply)

Home not safe-structure

Housing not affordable

Furniture or household goods

Handicap access or modification

Mortgage or Rent assistance

Other medical related accommodations

Pet friendly environment

Repairs

Utility assistance

Neighborhood not safe

NONE

Other (please specify)

1. Do you need any of the following transportation related help?  (Check all that apply)

Car/truck

Bus tickets ($ for bus)

Child safety seat(s)

Driver's license

Gasoline

Information about bus routes/services

Insurance

Auto repairs

Vehicle registration

Vehicle inspection

Transportation for someone with a disability

NONE

Other (please specify)

1. Have you ever lost a job (or not been able to accept a job offer) because of transportation issues?

Yes

No

1. Are you in need of help with any of these things: *(Check all that apply)*

Alcohol and drug abuse

Anger control

Caregiver support

Couples communication

Depression

Disability counseling

Elder abuse

Family conflicts

Making decisions/problem solving

Parenting classes

Personal problems

Planning for the future/ Goal setting

Post Traumatic Stress Disorder (PTSD)

Self-esteem

Spouse or child abuse

Thoughts of suicide (in the past 6 months)

Trauma

Victimization

NONE

Other (please specify)

1. Where do you usually get your food?
2. Do you need information on how to cook food for any of these special diets? *(Check all that apply)*

Diabetes

Hypertension

Heart Disease

HIV/AIDS

Gluten free

No, I do not need that information

Other (please specify)

1. Do you need information on food nutrition?

Yes

No

1. Do you need to know how to store food so it will last longer?

Yes

No

1. Do you or someone in your household have any of these healthcare needs?  *(Check all that apply)*

Adult diagnosed with disability

AIDS/HIV risk

Child diagnosed with disability

Dental care

Diabetes

Eye/vision care

General Medical care

Hearing care

Heart Disease

Hypertension

Medical equipment

Mental Health care

Prescription medication ($ for)

Prosthesis

Pulmonary Disease (COPD, Emphysema, Asthma)

STD's (Sexually Transmitted Diseases)

Substance abuse treatment

Teen pregnancy

Transportation to appointments

Sleep problems

NONE

Other (please specify)

1. Do you have health insurance or other health care coverage?

No

Yes (please specify)

1. Are there others in your household who are uninsured?

Yes

No, others in household have insurance

No others in my household

Yes (please specify)

1. If you have health insurance, who provides your health insurance?

Self

Employer

Government

Other (please specify)

1. Do you have any of these financial needs or problems?  *(Check all that apply)*

Achieving a "living wage" of income (if you achieve a "living wage" it means you don't need help from social services or government programs)

Health insurance

Car insurance

Home/Renter insurance

Need help collecting child support

Need TANF (Temporary Assistance for Needy Families)

Budgeting - getting the most from your money & prioritizing

Bank account

Have bad credit rating

Have past due bills

Currently in collections

NONE

1. Are you a US veteran?

Yes

No  
If No is selected, then SKIP to the LAST question.

1. If you are a US veteran, are you receiving veteran's benefits?

Yes

No

1. If you are not receiving veteran's benefits, do you need help getting them?

Yes (1)

No (2)

1. If you are a veteran or dependent, do you need assistance with any of the following?  *(Check all that apply)*

Connecting to Veteran Organization

Disability

Education and Training

Employment

Health Care

Healthcare for family members

Housing

Life Insurance

Medals and records

Medical benefits

Mental Health Care

Pension

Reserve and Guard

Special and LImited Benefits

Transition Assistance

Transportation

VA Claim Appeals

Women Veteran Health Services

NONE

Other (please specify)

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

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