



## SAMPLE Community Survey

Your opinion is important to us. Please take a few minutes to complete both sides of this form.  
Thanks!

### What county do you live in?

\_\_\_ ABC

\_\_\_ DEFG

\_\_\_ HIJK

\_\_\_ LMNOP

\_\_\_ QRST

### How long have you lived in this county? \_\_\_\_\_ years

### Of this list, which 6 issues concern you most in your neighborhood or community?

- \_\_\_ Not enough jobs
- \_\_\_ Need more job training
- \_\_\_ Schools and education for children
- \_\_\_ Safety in schools
- \_\_\_ Condition of school buildings & facilities

- \_\_\_ Adult education and GED classes
- \_\_\_ Lack of reading and writing skills (illiteracy)
- \_\_\_ Language barriers (non-English speaking)
- \_\_\_ Money management, budgeting
- \_\_\_ Use of title or payday loans

- \_\_\_ Need affordable housing
- \_\_\_ Lack of shelter for homeless families
- \_\_\_ Vacant buildings and run-down houses
- \_\_\_ Food for low-income people
- \_\_\_ Food for the elderly

- \_\_\_ Available quality health care
- \_\_\_ Emergency services (police, fire, paramedics)
- \_\_\_ Available mental health care
- \_\_\_ Services for children with disabilities
- \_\_\_ Services for adults with disabilities

- \_\_\_ Lack of affordable transportation
- \_\_\_ Roads and street repair
- \_\_\_ Cost of utilities (gas, electricity, water)
- \_\_\_ Lack of quality child care
- \_\_\_ Access to library, bookmobile, etc.

- \_\_\_ Teen pregnancy
- \_\_\_ Teenage crime and vandalism
- \_\_\_ Crime, violence, and drug abuse
- \_\_\_ Child abuse and neglect
- \_\_\_ Domestic violence

### Of this list, which 6 are the most important issues for your family?

- \_\_\_ Employment
- \_\_\_ Job training
- \_\_\_ Adult education (GED, community classes, etc.)
- \_\_\_ Improve reading and writing skills
- \_\_\_ Language skills (learn English)

- \_\_\_ Paying necessary bills (gas, water, rent, etc.)
- \_\_\_ Managing finances, budgeting
- \_\_\_ Use of title or payday loans
- \_\_\_ Tax return preparation and filing
- \_\_\_ Build or restore good credit

- \_\_\_ Affordable housing
- \_\_\_ Housing maintenance and repair
- \_\_\_ Food
- \_\_\_ Transportation and gasoline cost
- \_\_\_ Available telephone or cell phone

- \_\_\_ Meeting personal needs (clothing, baths, etc.)
- \_\_\_ Educational services for children (tutoring, etc.)
- \_\_\_ Child care for infants, toddlers, preschoolers
- \_\_\_ After-school care for children
- \_\_\_ Summer care for children

- \_\_\_ Child behavior issues and discipline
- \_\_\_ Services for child with disability
- \_\_\_ Services for adult with disability
- \_\_\_ Affordable health care, health insurance
- \_\_\_ Paying for prescribed drugs

- \_\_\_ Getting affordable dental care
- \_\_\_ Getting mental health services
- \_\_\_ Alcohol or drug abuse
- \_\_\_ Domestic violence, personal safety
- \_\_\_ Child custody issues

Please complete other side.

**What is your age?**

18-25     26-35     36-45  
 46-55     56-65     66+

**What is your gender?**

Female     Male

**What is your ethnic group? Check one.**

White/Caucasian  
 African-American/Black  
 Hispanic/Latino  
 American Indian  
 Asian  
 Multi-racial  
 Other: \_\_\_\_\_

**What is the highest level of education you completed? Check only one.**

Did not graduate from High School  
 Graduated from high school or earned GED  
 Attended 1-3 years college or technical school  
 Graduated with Associate's degree or technical degree or certificate  
 Graduated with Bachelor's degree  
 Graduated with Master's degree or higher

**Does your household have a source of income?**

Yes     No

**What is your employment status?**

*Check only one.*

Full-time employed  
 Part-time employed  
 Seasonal work  
 Unemployed - student  
 Unemployed - SSI / Disability  
 Unemployed by choice (homemaker, etc.)  
 Unemployed - cannot find job  
 Retired

**Do you have internet access (at home, at work, or on a cell phone)?**

Yes     No

**Do you have a bank or credit union account?**

*Check all that apply.*

Yes – checking  
 Yes – savings  
 Yes – other  
 No – I do not have an account

**Do you pay to have your checks cashed?**

Yes     No

**In the past year, have you taken a payday or title loan?**

Yes     No

**In the past year, have you lost your home because you could not pay rent or mortgage?**

Yes     No

**In the past year, have you had utilities cut off because you could not pay?**

Yes     No

**In the past year, have you lost your means of transportation (vehicle repossessed or damaged; public transportation cancelled, etc)?**

Yes     No

**Do you have health insurance? Check one.**

Yes –only for myself  
 Yes – only for my children  
 Yes – for my entire family  
 No – I do not have health insurance

**Are you the head of your household?**

Yes     No

**Do you own or rent your home?**

Own     Rent  
 Other (explain): \_\_\_\_\_

**How many adults, counting yourself, live in your household? \_\_\_\_\_**

**How many children (ages birth-17) live in your household? \_\_\_\_\_**

**Is anyone in your household disabled?**

Yes     No  
If yes, how old are they? \_\_\_\_\_