



**(5) Besides your program, mark (X) the top 2 service agencies that you or your neighbors use the most.**

Daycares/Afterschool programs	Medicaid
Department of Social Services	Public schools
Food banks/Food pantries	Public spaces: libraries, parks and recreation
Food Stamps/EBT/SNAP	Public transportation
Health Department	Section 8
Housing assistance	Social Security
LIHEAP	Voluntary Pre-K (VPK)
Local churches	WIC
Local medical clinics	Other (specify):

**(6) What are the 2 or 3 most important things that you believe will improve your household's quality of life?**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

7. During the week, what hours are you in work, school, or job-related training? (Mark with an X.)				8. Do you have access to and/or need the following services? (Mark with an X in each box if the answer is yes.)	Access	Need
	Work	School	Job-Related Training			
5 - 6 am				Check cashing services		
6 - 7 am				Classes to get a better job		
7 - 8 am				Credit counseling and credit repair		
8 - 9 am				Driver's license		
9 - 10 am				English as a Second Language (ESL) services		
10 - 11 am				GED/Adult high school services		
11 - 12 pm				Job training at community colleges		
12 - 1 pm				Legal aid		
1 - 2 pm				Places that teach about saving for retirement		
2 - 3 pm				Places that teach people how to make a budget and save money		
3 - 4 pm				Shelter		
4 - 5 pm					Yes	No
5 - 6 pm						
6 - 7 pm				9. Do you have a bank account (checking or savings)?		
7 - 8 pm				10. Do you have a computer at home?		
8 - 9 pm				11. Do you have an internet connection at home?		
Other:				12. Do you have a mobile phone with text capability?		

**13. Would you recommend this program to other families with children ages 0-5? (Please circle.)**

If no, please explain the reason why:

Yes / No

**14. Ethnicity/Race: (Check all that apply.)**

Asian/Pacific Islander
Black
Native American
White
Hispanic
Other:

**15. What is your current employment status? (Check all that apply.)**

Employed full-time	Retired
Unemployed/not working	Full-time homemaker
Employed part-time/seasonally	In job training/school
Disabled	Other:

**16. Are you a grandparent caring for your grandchild or grandchildren? (Please circle.)**

Yes / No

**17. If yes, as a grandparent, what are the greatest concerns you have in raising grandchildren?**

Finances	Grandchild's physical health
Legal issues	Grandchild's emotional health
Your physical health	Other:
Emotional support for yourself	

**18. County of Residency:**

Thank you for completing this survey!