(1a) Center Name:	
(1b) Classroom #:	

mano H. ola

Family Needs Survey (Rev. 04/2024)

The local Head Start/Early Head Start Program is interested in your opinion about programs and services for families in the county. Your ideas and experience help us serve families better. This survey will take about 20 minutes to complete. **This survey is confidential**; all answers will be grouped together. We will use this information to understand top problems facing families served by the program.

(2) How serious of a problem do you feel each of the following items is in your city/town? (Please circle your response.)

Scale: (1) Not a Problem (2) Somewhat a Problem (3) Problem (4) Serious Problem (5) Very Serious Problem

ITEM RATING		Circle One					
1. Access to health care	1	2	3	4	5		
2. Availability of affordable housing	1	2	3	4	5		
3. Affordable child care before and after school hours	1	2	3	4	5		
4. Availability of recreation for families (parks, church programs, membership organizatio	ns) 1	2	3	4	5		
5. Quality of public education in our county	1	2	3	4	5		
6. Availability of adult education (GED, ESL, etc.)	1	2	3	4	5		
7. Availability of job training	1	2	3	4	5		
8. High cost of utilities (heating, electricity, water)	1	2	3	4	5		
9. Services for children with disabilities	1	2	3	4	5		
10. Low wages	1	2	3	4	5		
11. Availability of jobs	1	2	3	4	5		
12. Public safety/crime	1	2	3	4	5		
13. Availability and access to public transportation	1	2	3	4	5		
14. Incidence of drug and alcohol abuse	1	2	3	4	5		
15. Gang activity	1	2	3	4	5		
16. Child health issues (obesity, exposure to lead, asthma)	1	2	3	4	5		
17. Incarceration of parents	1	2	3	4	5		
18. Access to public assistance (WIC, Food Stamps, Medicaid, Work First)	1	2	3	4	5		
19. Domestic violence	1	2	3	4	5		
20. Child abuse and neglect	1	2	3	4	5		
21. Addiction to opioids	1	2	3	4	5		
22. Availability and access to mental health services	1	2	3	4	5		

(3) Please select the top THREE reasons you feel are the primary causes of poverty in your city/town. (Mark with an X.)

Reason	Reason
1. Not enough jobs	10. Social security/SSI payments are too low
2. Wages are too low	11. Unemployment benefits are too low
3. Lack of job skills	12. Housing costs are too high
4. Lack of education/training	13. Health care costs are too high
5. Lack of child care	14. Utility costs are too high
6. Lack of transportation	15. Nonpayment of child support
7. People cannot work (too old, ill, disabled)	16. Immigration status
8. People do not want to work	17. Other (specify):
Lack of public assistance payments	

(4) Has there been a time in the last year when you or someone in your immediate family: (Mark X to answer: Y/N)

Y	N		Y	N		
		1. Needed to see a dentist but could not afford to?			9. Could not pay mortgage or taxes?	
		2. Needed to see a doctor but could not afford to?			10. Have been evicted?	
		3. Needed to buy medicine but could not afford to?	11. Had home condemned?			
		4. Needed food but could not afford to buy it?		12. Looked for work but could not get a job?		
		5. Went hungry?		13. Lost a job?		
		6. Could not pay the rent?		14. Needed assistance but did not receive it?		
		7. Had utilities turned off? (could not pay)	If yes, what type of assistance:		If yes, what type of assistance:	
		8. Had utilities turned off? (landlord failed to pay)				



(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?			
	Work	School	Job-Related Training	(Mark with an X in each box if the answer is yes.)		Need
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						N1 -
5 - 6 pm					Yes	No
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:			1	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!