

Livingston County Needs Assessment Questionnaire: Winter 2016

Instructions

The Livingston County Community Initiatives Council is conducting this survey to get your thoughts on poverty and people in need in Livingston County. The questionnaire takes only a few minutes to complete, and your responses are 100% anonymous. The findings from this survey will become a part of the 2016 Livingston County Community Needs Assessment.

Please return this survey no later than January 30, 2016. Thank you.

1. Please look through this list and rank the order of needs that you feel are greatest in **Livingston County**. (Greatest need = 1. Lowest need = 10)

- _____ Finding & keeping a job
- _____ Employment support (affordable child care)
- _____ How to manage money (budgeting; saving)
- _____ Housing (safe & affordable)
- _____ Health Care (accessible & affordable)
- _____ Access to Food (healthy & affordable)
- _____ Transportation (affordable & to the right places)
- _____ Education (vocational; literacy; GED; training beyond high school)
- _____ Independent living for seniors & others with disabilities
- _____ Child & family development (strengthening & supporting families)

2. Please look through this list and indicate the **Top 5** needs that you feel are greatest **for you and your family**. (Greatest need = 1. Lowest need = 5)

- _____ Finding & keeping a job
- _____ Employment support (affordable child care)
- _____ How to manage money (budgeting; saving)
- _____ Housing (safe & affordable)
- _____ Health Care (accessible & affordable)
- _____ Access to Food (healthy & affordable)
- _____ Transportation (affordable & to the right places)
- _____ Education (vocational; literacy; GED; training beyond high school)
- _____ Independent living for seniors & others with disabilities
- _____ Child & family development (strengthening & supporting families)
- _____ I/We have no needs at this time

Survey Responder Information: Questions 3 - 13 help us compare the opinions and experiences of different kinds of citizens.

3. What is your gender? Female Male
4. In what village or town do you live? _____
5. About how many years have you lived in Livingston County? _____ Years

6. What is your household's approximate annual income before taxes?

- Less than \$15,000
- \$15,000-\$24,999
- \$25,000-\$39,999
- \$40,000-\$69,999
- \$70,000-\$99,999
- \$100,000 or more

7. What is your current work status? Please choose one.

- Working full-time
- Working part-time, in need of full-time
- Working part time, not in need of full-time
- Retired
- Not working, but looking for work
- Not working, not looking for work

8. Do you own or rent the place where you live?

- Own
- Rent
- Other

9. How do you see yourself/family at the present time? Please place an "x" in one of the following:

	In Crisis (Frequently need help with one or more types of services, do not have a stable source of income, or recently lost a job.)
	Getting By (Occasionally need help with one or more types of services, have some stable income.)
	Stable (Able to maintain rent/mortgage and obtain food but need help once or twice a year with living needs.)
	Thriving (Have sufficient income to pay monthly rent/mortgage, utility bills, purchase food, etc. Don't require any assistance from a social service agency.)

10. Including yourself, is anyone in your household: (Please place an "x" in all that apply.)

	Yes	No
0 - 5 years old		
6 - 18 years old		
19 - 54 years old		
55 years or older		
living with a disability		

11. Which of these categories contains your current age?

- In my 20s
- In my 30s
- In my 40s
- In my 50s
- In my 60s
- In my 70s or older

12. What is the highest level of education you have completed? Please choose one.

- Some middle or high school education
- High school diploma or GED
- Certificate or degree from technical/vocational program
- Some college
- 2-year college degree (Associates)
- 4-year college degree or higher (Bachelors, Masters, PhD)

13. How many people live in your household?

- One
- Two
- Three
- Four
- Five
- Six or more

Livingston County Issues: There are many issues that Livingston County seeks to address. Questions 14 - 21 seek to evaluate whether these efforts need to be restructured to better serve the needs of the County's residents.

14. Is reliable transportation available to you when you need it? Choose one answer.

- Yes
- No
- Sometimes
- N/A

15. Would you use transportation assistance if it was available for the following? Please choose all that apply.

- Work
- Job Training
- School
- Medical Appointment
- Shopping
- Entertainment (movies, restaurants, etc.)
- Other: _____
- N/A

16. Please place an "x" in the appropriate response for each item:

	Yes	No	Uncertain
Does any member of your household travel outside the county to seek medical, dental or eye care?			
The last time I needed a doctor there was one available to me.			
I have health insurance.			
I can afford my health insurance deductibles.			
I have, or a member of my family has, health concerns where treatment is being delayed because of the cost of my/our health insurance deductible.			

17. Please place an "x" in the appropriate response for each item. Do you feel that the following items are **barriers to your employment**?

	Yes	No	Uncertain
Child care			
Elder care			
Transportation			
Education & Training			
Health			
Offender status			

18. My housing is... (Please choose only one of the following):

- Very affordable
- Somewhat affordable
- Not very affordable
- Not at all affordable

19. My housing cost (rent/mortgage plus utilities) per month is approximately: \$_____
20. Do you receive financial assistance for housing?
 Yes No
21. Here is a list of possible services for teenagers. Please look through this list and indicate the **Top 5** needs that you feel are greatest **for you (if younger than 20) and/or your family members (if aged 13 through 19)**. (Greatest need = 1. Lowest need = 5)

	Drop out prevention
	Assistance for drop-outs (GED, job readiness, etc.)
	Pregnancy and STD prevention
	Parenting Skills
	Runaway shelter and assistance
	Family Counseling
	College preparation workshop
	Physical/sexual/emotional abuse services
	Mental health services
	Substance abuse counseling
	Delinquency prevention
	Mentoring Program
	Summer youth employment

- No needs at this time

Services & Programs: Questions 22 - 30 gather information on awareness and use of programs and services in Livingston County

22. Several community groups and institutions in Livingston County currently offer programs to help at-risk populations. Please look through the list below and tell us which, if any, of these programs you had heard of before this study.
- Catholic Charities of Livingston County
 - Chances & Changes (Domestic Violence and Homeless Shelter)
 - Geneseo Parish Outreach (low cost and free medical and dental aid)
 - Noyes Memorial Hospital Lifeline program for the Elderly & Disabled
 - Livingston County Workforce Development (Certified Nursing Assistant/CNA Program)
 - I have not heard of any of these programs
23. Which, if any, of these programs have you or a member of your household used:
- Catholic Charities of Livingston County
 - Chances & Changes (Domestic Violence and Homeless Shelter)
 - Geneseo Parish Outreach (low cost and free medical and dental aid)
 - Noyes Memorial Hospital Lifeline program for the Elderly & Disabled
 - Livingston County Workforce Development (Certified Nursing Assistant/CNA Program)

If you have not checked an agency in Question 23, please proceed to Question 29.

In the following section, only answer if you have checked an agency in Question 23. Please rate these programs, from your own experience, as excellent, good, fair or poor by checking the box under the corresponding rating. If you don't know enough to rate the programs on a particular item, please leave the item blank.

24. If you indicated that you have used the services of the Catholic Charities of Livingston County programs, please rate this programs, from your own experience, as excellent, good, fair or poor by checking the box under the corresponding rating. If you don't know enough to rate the program on a particular item, please leave the item blank.

Check only one box to the right of the statement.	Excellent	Good	Fair	Poor
Being friendly & polite to you				
Explaining the services that are available to you & your family				
Being open at convenient times				
Making sure that you get everything you are entitled to				
Getting to know you personally				
Never embarrass or demean you				
Make sure you are never charged for free-cost services you are entitled to				
Help you & your family find ways to improve your lives				

Are there any other things, either positive or negative, that you can tell us about this program?

25. If you indicated that you have used the services of the Chances & Changes program, please rate this programs, from your own experience, as excellent, good, fair or poor by checking the box under the corresponding rating. If you don't know enough to rate the program on a particular item, please leave the item blank.

Check only one box to the right of the statement.	Excellent	Good	Fair	Poor
Being friendly & polite to you				
Explaining the services that are available to you & your family				
Being open at convenient times				
Making sure that you get everything you are entitled to				
Getting to know you personally				
Never embarrass or demean you				
Make sure you are never charged for free-cost services you are entitled to				
Help you & your family find ways to improve your lives				

Are there any other things, either positive or negative, that you can tell us about this program?

26. If you indicated that you have used the services of the Geneseo Parish Outreach Center programs, please rate this programs, from your own experience, as excellent, good, fair or poor by checking the box under the corresponding rating. If you don't know enough to rate the program on a particular item, please leave the item blank.

Check only one box to the right of the statement.	Excellent	Good	Fair	Poor
Being friendly & polite to you				
Explaining the services that are available to you & your family				
Being open at convenient times				
Making sure that you get everything you are entitled to				
Getting to know you personally				
Never embarrass or demean you				
Make sure you are never charged for free-cost services you are entitled to				
Help you & your family find ways to improve your lives				

Are there any other things, either positive or negative, that you can tell us about this program?

27. If you indicated that you have used the services of Noyes Memorial Hospital Lifeline program for the Elderly & Disabled, please rate this programs, from your own experience, as excellent, good, fair or poor by checking the box under the corresponding rating. If you don't know enough to rate the program on a particular item, please leave the item blank.

Check only one box to the right of the statement.	Excellent	Good	Fair	Poor
Being friendly & polite to you				
Explaining the services that are available to you & your family				
Being open at convenient times				
Making sure that you get everything you are entitled to				
Getting to know you personally				
Never embarrass or demean you				
Make sure you are never charged for free-cost services you are entitled to				
Help you & your family find ways to improve your lives				

Are there any other things, either positive or negative, that you can tell us about this program?

28. If you indicated that you have used the services of Livingston County Workforce Development Certified Nursing Assistant/CNA Program, please rate this programs, from your own experience, as excellent, good, fair or poor by checking the box under the corresponding rating. If you don't know enough to rate the program on a particular item, please leave the item blank.

Check only one box to the right of the statement.	Excellent	Good	Fair	Poor
Being friendly & polite to you				
Explaining the services that are available to you & your family				
Being open at convenient times				
Making sure that you get everything you are entitled to				
Getting to know you personally				
Never embarrass or demean you				
Make sure you are never charged for free-cost services you are entitled to				
Help you & your family find ways to improve your lives				

Are there any other things, either positive or negative, that you can tell us about this program?

29. If you have received assistance from any other agencies, please list the agency(s) in the space provided. Please also include a description of the support received (for example: "food" or "security deposit." *Check here if not applicable (N/A):*

Agency Name

Description of support

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30. Do you have any other comments or suggestions about programs and services that could help at-risk populations in Livingston County?

Thanks for completing our community questionnaire!
Please return this survey no later than January 30, 2016. Thank you.