

SAMPLE COMMUNITY NEEDS ASSESSMENT SURVEY

FOR THE ROSS SERVICE COORDINATOR PROGRAM

Part I: Household Information:

1. Are you an adult 18 years or older? (circle one)

Yes	No
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2. Are you the head of household? (circle one)

Yes	No
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3. Does anyone in your household have a mental or physical disability? (circle one)

Yes	No
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Part II: Community/Household Needs:

4. How would you rate the following issues for your household?

Issue	Serious Problem	Moderate Problem	Not a Problem	Does Not Apply to My Household
Availability of job training opportunities				
Availability of jobs for adults				
Availability of jobs for youth				
Education				
Availability of child-care services				
Lack of computer/digital literacy				
Cost of living				
Income/wages				
Debt				
Financial security				
Availability of financial services				
Availability of financial counseling				
Elderly living assistance (62+)				
Physical health				
Mental health				

Seeking employment with a criminal record				
Obtaining a degree/diploma with a criminal record				
Availability of substance abuse services				
Need for substance abuse treatment				

5. What are the things that make it difficult for you or other adults in your household to find and/or keep work? (check all that apply)

BARRIER	Check All that Apply
Nothing	
Need affordable childcare	
Caring for a family member who is sick or disabled	
Do not speak English well	
Need computer training	
Need transportation	
Need job experience	
Need job training	
No job opportunities	
Do not have a high school diploma/GED	
Do not have a college degree	
Disability	
Criminal record	
Lack of transportation	
Other – specify	
Other – specify	
Other – specify	
Don't know	
No response	

6. Do you or others in your household have interest in the following? (check all that apply)

INTEREST	Check All that Apply
GED/Adult education	
Vocational training	
Increasing income	
Getting a job	
Getting a better job	
Computer training	
Saving money	
Eliminating debt	
2-year college	

4-year college	
Trade school	
Other (specify)	
Other - specify	
Don't know	
None	
No response	

7. Do you or another adult in your household have difficulty with any of the following? (check all that apply)

SUBJECT/SKILL	Check All that Apply
Reading	
Math	
Writing	
Speaking English	
Writing English	
Using a computer	
Other – specify	
Other – specify	
Other – specify	
Don't know	
None	
No response	

8. What are the primary health care needs of your household? (check all that apply)

HEALTHCARE NEEDS	Check All that Apply
Primary health care	
Pediatric (child) care	
Prenatal (pregnancy) care	
Dental care	
Healthcare education/prevention	
Nutrition and exercise programs	
Services to help alleviate stress/anxiety/depression	
Assistance with daily living for elderly/disabled residents	
Health screening services	
Substance abuse treatment	
Smoking cessation programs	
Drinking cessation programs	
Transportation to healthcare services	
Other – specify	
Other – specify	
Other – specify	
Don't know	
None	

No response	
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9. How would you rate the following services available in your community?

Services	Check All that Apply	

10. What is your gender? (check one)

GENDER	Check One
Female	
Male	

11. What is your age (check range)

AGE RANGE	Check One
18-24	
25-34	
35-44	
45-54	
55-65	
65 or older	
No response	

12. Which of the following community assets do you currently use, and which do you think are most needed in your community? (Check all that apply and indicate if they are needed)

COMMUNITY ASSET	CURRENTLY USE	NEEDED IN COMMUNITY
Parks and Recreational Spaces	☐	☐
Public Libraries	☐	☐
Community Centers	☐	☐
Local Businesses and Markets	☐	☐
Civic Organizations	☐	☐

Religious or Spiritual Institutions	☐	☐
Health and Wellness Services	☐	☐
Educational Programs and Resources	☐	☐
Public Transportation	☐	☐
Social Services and Support Organizations	☐	☐
Job Training and Employment Services	☐	☐
Senior Services and Supports	☐	☐
Food Assistance Programs (food banks, community gardens, etc.)	☐	☐
Technology Access (public Wi-Fi, computer labs)	☐	☐
Reentry Services	☐	☐