1. Do you live in [COUNTY/COMMUNITY]?
   - Yes
   - No (Thank you for your time, but for the purposes of this survey you need to live in [COUNTY/COMMUNITY])

2. What is your zip code? _______________

3. In the past 12 months, what is the single greatest challenge you and your household have experienced? (CHECK ONE BOX ONLY)
   - Housing
   - Child care
   - Employment
   - Health/mental health
   - Education
   - Food/nutrition
   - Financial issues
   - Transportation
   - Other (PLEASE SPECIFY) ___________________________
   - Have not experienced any challenges

I. SERVICES RECEIVED

4. In the past 12 months, did you or members of your household receive any services from the [NAME OF ORGANIZATION]?
   - Yes (GO TO QUESTION 5)
   - No (GO TO QUESTION 6)

5. Which services did you or members of your household receive from the [NAME OF ORGANIZATION]? (CHECK ALL THAT APPLY)
   - Senior services
   - LIHEAP (Home Energy Assistance Program)
   - Rent/mortgage assistance
   - Referral to other social service agencies
   - Transportation assistance
   - Other (PLEASE SPECIFY) ___________________________

5a. Overall, how would you rate the services you or members of your household received from the [NAME OF ORGANIZATION]?
   - Excellent
   - Good
   - Fair
   - Poor
   - Why did you rate the services received as fair or poor? __________________________

5b. What suggestions do you have for changes or additions to the services provided by the [NAME OF ORGANIZATION]? ________________________________________________________________

6. In the past 12 months, from which agencies/organizations in [COUNTY/COMMUNITY] have you or members of your household received services? ________________________________________________________________

7. Which of the following challenges or barriers have you or members of your household experienced accessing services? (CHECK ALL THAT APPLY)
   - Lack of transportation
   - Location of services
   - Times services available not convenient
   - Language barrier
   - Time from scheduling appointment to receiving services too long
   - Other (PLEASE SPECIFY) ___________________________
8. Which services, if any, have you or members of your family needed that were not available in [COUNTY/COMMUNITY]? ___________________________________________________________

II. CURRENT NEEDS

9. With which of the following **health** needs could you or someone in your household use help? (CHECK ALL THAT APPLY)
   - Finding affordable health or dental insurance
   - Finding health or dental care
   - Getting medical care and/or insurance for a child
   - Paying for medical expenses (e.g., medical/dental checkups, prescriptions, glasses, hearing aids, wheelchairs)
   - Getting family planning or birth control
   - Drug or alcohol treatment
   - Mental health treatment including treatment for stress, depression, or anxiety
   - Physical, emotional, or sexual abuse
   - Other health needs (PLEASE SPECIFY) ____________________________
   - None of the above

10. With which of the following **housing** needs could you or someone in your household use help? (CHECK ALL THAT APPLY)
    - Finding emergency shelter
    - Finding affordable housing
    - Down payment/closing costs to buy a home
    - Qualifying for a loan to buy a home
    - Home ownership education
    - Renter/tenant rights and responsibilities education
    - Learning basic home repair/property maintenance skills
    - Finding home repair services
    - Making home more energy efficient
    - Paying rent or mortgage, rent deposits/application fees
    - Changes to home for a person with disabilities
    - Yard work, snow removal, laundry, or house work
    - Other housing needs (PLEASE SPECIFY) ____________________________
    - None of the above

11. With which of the following **employment** needs could you or someone in your household use help? (CHECK ALL THAT APPLY)
    - Finding a full-time job
    - Applying for jobs
    - Writing a resume
    - Learning how to interview for a job
    - Training/education for a job
    - Getting appropriate clothing or equipment (e.g., tools) for a job
    - Finding child care
    - Other employment needs (PLEASE SPECIFY) ____________________________
    - None of the above

12. With which of the following **adult education** needs could you or someone in your household use help? (CHECK ALL THAT APPLY)
    - Getting a high school diploma or GED/HSED
    - Getting a 2-year or 4-year college degree
    - Information about technical school programs or apprenticeships
    - Learning how to use a computer
    - Improving communication or language skills
    - Learning English as a second language
    - Completing college aid forms (e.g., FAFSA)
    - Other adult education needs (PLEASE SPECIFY) ____________________________
    - None of the above

**ANSWER QUESTION 13 ONLY IF THERE ARE CHILDREN UNDER THE AGE OF 18 IN YOUR HOUSEHOLD.**

13. With which of the following **child care and child development** needs could you or someone in your household use help? (CHECK ALL THAT APPLY)
    - Finding affordable, quality, licensed child care in a convenient location
    - Paying for child care
    - Finding child care for children ages 0-3
    - Finding quality preschool for children ages 3-5
    - Finding evening, nighttime, weekend or before/after school child care
    - Paying for school supplies, fees, or activities
    - Caring for children ages 0-3 at home
    - Screening for early intervention services (speech, developmental, mental, physical)
    - Other child care and child development needs (PLEASE SPECIFY) ____________________________
    - None of the above
14. With which of the following financial/legal (income management) needs could you or someone in your household use help? (CHECK ALL THAT APPLY)

- Budgeting and managing money
- Opening a checking or savings account
- Filling out tax forms
- Problems with a credit card or loan company
- Problems with paying bills, such as utilities or credit cards
- Paying unexpected or emergency expenses
- Problems with payday or title loans
- Foreclosure/bankruptcy/repossession problems
- Problems with child custody or support
- Getting protection in domestic violence situations
- Deportation or immigration legal issues
- Expunging a criminal record
- Getting legal help when denied public benefits
- Getting basic furniture, appliances, or house wares
- Getting clothing, shoes, or personal care items like soap, diapers, and toilet paper
- Other financial/legal needs (PLEASE SPECIFY) ___________
- None of the above

15. With which of the following food and nutrition needs could you or someone in your household use help? (CHECK ALL THAT APPLY)

- Getting food or food assistance
- Learning how to shop and cook for healthy eating or dietary restrictions (e.g., gluten free)
- Getting access to senior congregate meal sites (meals served in a group setting)
- Getting meals delivered to your home for a senior or disabled individual
- Getting nutritious foods during pregnancy
- Obtaining breastfeeding education and assistance
- Other food and nutrition needs (PLEASE SPECIFY) ___________
- None of the above

16. With which of the following family support needs could you or someone in your household use help? (CHECK ALL THAT APPLY)

- Having access to transportation
- Buying a dependable car
- Paying for car repairs
- Paying for car insurance, registration or license fees
- Disciplining a child more effectively
- Talking to a child about inappropriate behavior/addressing a child’s inappropriate behavior (e.g., bullying, drugs, sex)
- How to help a child coping with emotional issues
- Learning how to set goals and plan for your family
- Other family support needs (PLEASE SPECIFY) ___________
- None of the above

III. COMMUNITY AND CIVIC ACTIVITIES

17. In the past 12 months did you or someone in your household participate in the following activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Register to vote in a local, state, or national election</td>
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<tr>
<td>b. Volunteer or participate in an organization, association, or group,</td>
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<tr>
<td>such as PTA, Kiwanis, or church group</td>
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<td>c. Work with others to solve a community problem</td>
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</table>

IV. TECHNOLOGY AND INTERNET ACCESS

18. Do you have high-speed internet access at home via a smartphone, tablet, iPad, desktop or laptop computer or other device?

- Yes (GO TO QUESTION 19)
- No (GO TO QUESTION 20)
- Don’t know (GO TO QUESTION 20)

19. Do you receive reduced price internet service?

- Yes
- No
- Don’t know
V. PERSONAL AND HOUSEHOLD CHARACTERISTICS

20. What is your gender?
   □ Female  □ Prefer to self-describe__________________________  □ Prefer not to answer
   □ Male  □  

21. What is your age?
   □ 18-24  □ 45-54  □ Prefer not to answer
   □ 25-34  □ 55-64
   □ 35-44  □ 65+

22. Are you of Hispanic, Latinx, or Spanish origin?
   □ Yes  □ No  □ Prefer not to answer

23. What is your race? (CHECK ALL THAT APPLY)
   □ Asian  □ American Indian or Alaska Native  □ Some other race (PLEASE SPECIFY) ____________________
   □ Black or African American  □ Native Hawaiian or Pacific Islander  □ Prefer not to answer
   □ White

24. How many people live in your household? __________

25. What is the primary language spoken at home?
   □ English  □ Spanish  □ Other (PLEASE SPECIFY) __________

26. What was your 2020 annual household income? Please consider all sources of income, before taxes, for everyone living with you in 2020.
   □ Less than $15,950  □ $38,351-$43,950  □ More than $64,110
   □ $15,950-$21,550  □ $43,951-$49,550  □ Don’t know
   □ $21,551-$27,150  □ $49,551-$55,150  □ Prefer not to answer
   □ $27,151-$32,750  □ $55,151-$59,630
   □ $32,751-$38,350  □ $59,631-$64,110

Thank you for your participation.