

CHANGE, Inc. Stakeholders Needs Assessment Survey

What county do you work in: Hancock Brooke Ohio Marshall Jefferson Other

What community sector do you represent?

- | | | |
|-------------------------------------------------------|---------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Educational Institutions | <input type="checkbox"/> Private Sector |
| <input type="checkbox"/> Faith Based Organizations | <input type="checkbox"/> Public Sector | <input type="checkbox"/> Other |

Why do you believe people have problems getting or keeping a full-time living wage job? (Select all that apply)

- | | | |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Jobs are not available | <input type="checkbox"/> Language barriers | <input type="checkbox"/> Lack of education |
| <input type="checkbox"/> Physical or mental disabilities | <input type="checkbox"/> Need better technical job skills | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Need better communication, people/customer job skills | <input type="checkbox"/> Insufficient number of opportunities in the community | <input type="checkbox"/> Health issues |
| <input type="checkbox"/> Substance abuse issues | <input type="checkbox"/> Other: _____ | |

Are there adequate levels of services available in your community for the following issues?	Yes	No	Unsure
Non-medical emergency services (ie, utility, food, etc)			
Emergency Shelters / Support from Abuse			
Medical Services			
Dental Services			
Wellness (nutrition, exercise, etc) programs			
Before / After School Care			
Child Care during the Day			
Child Care on Weekends and Evenings			
Public Transportation			
Safe, Affordable Housing Options			
Substance Abuse Treatment Services			
Mental Health Services			
Senior Services that Enable Independence			
Job Readiness / Prep / Employment Assistance Services			
Homeless Assistance / Shelters			
Veterans Assistance			

Is there an issue you feel the community does not have adequate services to address?

In your community, in which areas do you believe youth need information, education, guidance, and/or assistance? (Select all that apply)

- | | | |
|---------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> After School Supervision | <input type="checkbox"/> Birth Control | <input type="checkbox"/> Affordable school/community activities |
| <input type="checkbox"/> School Attendance | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Mentoring/leadership/volunteering |
| <input type="checkbox"/> Behavior Disorders | <input type="checkbox"/> Finding Employment | <input type="checkbox"/> Sexually transmitted diseases |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Obesity | <input type="checkbox"/> Physical health and dental issues |
| <input type="checkbox"/> Gang participation | <input type="checkbox"/> Teen Parenting | <input type="checkbox"/> Substance abuse/tobacco |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Bullying | <input type="checkbox"/> Other: _____ |

PLEASE TURN OVER TO COMPLETE THE SURVEY

Which of the following issues do you believe are the greatest challenges low-income families and individuals are currently facing? (Select your top five.)

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|-------------------------------------------|------------------------------------------|------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Education | <input type="checkbox"/> Child Care | <input type="checkbox"/> Living Wage Employment | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Job Training | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Family/Child Abuse | <input type="checkbox"/> Energy/Utility Costs |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Language Barriers | <input type="checkbox"/> Medical Care Services |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Transportation | <input type="checkbox"/> Health Food Selection | <input type="checkbox"/> Dental Care Access |
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Family Violence | <input type="checkbox"/> Special Needs Children | <input type="checkbox"/> Health Care Costs |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Child Support | <input type="checkbox"/> Financial Literacy/Planning | <input type="checkbox"/> Legal Issues/Services |
| <input type="checkbox"/> Credit Card Debt | <input type="checkbox"/> Other: _____ | | |

In your community, in which areas do you believe senior citizens need information, education, guidance, and/or assistance? (Select all that apply)

- | | | |
|-------------------------------------------|---------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Housework | <input type="checkbox"/> Medication Management | <input type="checkbox"/> Financial Assistance |
| <input type="checkbox"/> Basic Needs | <input type="checkbox"/> Property Maintenance | <input type="checkbox"/> Home Repairs / Maintenance |
| <input type="checkbox"/> Tax preparation | <input type="checkbox"/> Access to Transportation | <input type="checkbox"/> Raising Grandchildren |
| <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Energy/Utility Costs | <input type="checkbox"/> Substance Abuse |

What do you know about CHANGE, Inc.?

- | | |
|---------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Very familiar | <input type="checkbox"/> Somewhat familiar |
| <input type="checkbox"/> Heard of, but do not know much about | <input type="checkbox"/> Never heard of |

If you are familiar with CHANGE, Inc., what do you think about the agency in the following areas?

Area	Excellent	Above Average	Average	Below Average	Poor
Visibility/Leadership in the community in the last year					
Quality of service					
Effective in working with others in the community					
Leadership/Involvement in identifying/advocating on community issues					
Publicity the agency receives for the good work it does in the community					

Thank you for taking time to provide us your feedback.