



Community Action Partnership needs your VOICE! Please help us by completing this survey (which may take 15-20 minutes). The goal of this survey is to help us, and your community, build needed resources.

\*Please answer both the front and back of each page.

Your answers are confidential. If you wish to be entered into our drawing to win a \$100 VISA Gift Card, or to request contact regarding services we offer, please fill out and detach the bottom portion of this page which will be handed in separately from the survey. Drawings will be held in each county, so your chances of winning are really good! Thank you for participating.

Table with 2 columns: Our Mission (Community Action Partnership is a catalyst for building relationships that inspire and equip people to end poverty in our community.) and Our Vision (Community Action Partnership envisions our community working together to end poverty. We envision a community where all people... are equipped to achieve their potential; have sufficient resources, relationships and meaning in their lives to thrive; are valued and able to meet their own needs by utilizing their talents, potential, and passions)

As thanks for your help, we would like to enter you into a local drawing for a \$100 VISA Gift Card.

To be eligible you must complete the entire survey and this form. Please write your name, phone number and/or address so that we know how to contact you. The drawing will take place September 15.

Name \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip code \_\_\_\_\_

Please contact me regarding services offered by Community Action Partnership



# Community Action Partnership 2024 Community Needs Assessment Participant Survey

## Household Information

### 1. Which County do you live in?

- Asotin County
- Benewah
- Bonner
- Boundary
- Clearwater
- Idaho
- Kootenai
- Latah
- Lewis
- Nez Perce
- Shoshone

### 2. Please check your age range:

- 18-23
- 24-44
- 45-54
- 55-69
- 70+
- Prefer not to answer

### 3. What best describes your race and ethnicity? (Check all that apply)

- African American or Black
- Asian
- Caucasian or White
- Hispanic/Latina/e/o
- Native American or Alaskan Native
- Native Hawaiian / Pacific Islander
- Other (Specify) \_\_\_\_\_
- Prefer not to answer

### 4. Please select your gender.

- Male
- Female
- Non-binary
- Transgender
- Prefer not to answer

**5. What is the highest level of education you have completed? (Check only one)**

- Grade 0-8
- Grade 9-12 non-graduate
- High school graduate
- GED or high school equivalency
- 12+ (some college/post-secondary/still in college)
- Two-year degree
- Four-year degree or more
- Other (please describe) \_\_\_\_\_

**6. Which best describes your household? (Check only one)**

- Single-parent female
- Single-parent male
- Two-parent household
- Single person
- Two adults NO children
- Non-related, multi-family household
- Grandparent(s) and grandchildren / multi-generational
- Other (please describe) \_\_\_\_\_

**7. Including yourself, how many people live in your household?**

\_\_\_\_\_ PERSONS

**8. Are you experiencing any of the following with an elderly family member or parent? (Check all that apply)**

- Does not apply to my household
- A parent or other family member has difficulty caring for themselves while living at home alone
- Need resources to help with caring for an elderly family member in my home
- Have an elderly family member in a nursing home, assisted living, or adult family home
- Have issues with care of an elderly family member in a long-term care facility
- Other issue with an elderly family member (please describe)

\_\_\_\_\_

**9. How long have you lived in your community?**

\_\_\_\_\_ Less than a year      \_\_\_\_\_ Number of years

**10. I helped my neighbors and community in the past 12 months in the following ways:**

**(Check all that apply)**

- Served on a committee or other leadership role at my church
- Helped at my child's school, Head Start, or other community group
- Exchanged favors with my friends or neighbors (car repair, childcare, errands, etc)
- Voted in local elections
- Other (please describe) \_\_\_\_\_
- This does not apply to my household for the previous 12 months

**INFORMATION AND LITERACY**

**11. Here is a list of skills that some people are interested in improving. Please indicate if you, or other adults in your household, want help to improve any of these skills. (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Reading           | <input type="checkbox"/> Get your GED (or high school equivalency) |
| <input type="checkbox"/> Writing           | <input type="checkbox"/> Learn or improve computer skills          |
| <input type="checkbox"/> Math              | <input type="checkbox"/> Financial and budgeting skills            |
| <input type="checkbox"/> Job search skills | <input type="checkbox"/> Citizenship education                     |
| <input type="checkbox"/> Learning English  | <input type="checkbox"/> No current interest                       |
| <input type="checkbox"/> Driver's training | <input type="checkbox"/> Other skills you would like to learn      |
- \_\_\_\_\_

**On a scale of 1-5, please rate how important it is to find basic education such as GED or English as a second language (ESL).**

*1 = Not important      5 = Very important*

**1 2 3 4 5**

**12. How do you communicate and/or get information at your home? (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Internet                  | <input type="checkbox"/> Social Media   |
| <input type="checkbox"/> Land-line telephone       | <input type="checkbox"/> Radio          |
| <input type="checkbox"/> Cell phone                | <input type="checkbox"/> Friends/Family |
| <input type="checkbox"/> Public Access TV Channels | <input type="checkbox"/> Email          |
| <input type="checkbox"/> Newspaper                 |   |

## **HOUSING**

**13. Have any of the following housing situations happened to you in the last 12 months? (Check all that apply)**

- Shared housing with another household to prevent being homeless
- Had to choose between paying rent OR paying for other basic needs
- Have had to move multiple times
- Was homeless for a week or less
- Was homeless for more than a week
- Was evicted from my home
- Stayed in shelter or transitional housing (including motel vouchers)
- Other housing problems? (please describe) \_\_\_\_\_
- In the past year were there one or more months where you lacked the funds to pay your rent?
- None of these

**14. Which best describes the place where you are living this week? (check only one)**

- Rental housing
- Live in a home that I/we own
- Sharing a home with another household
- Transitional or emergency shelter
- Motel
- Group home
- RV
- Employer-provided housing
- Caretaking
- I am experiencing homelessness
- Other \_\_\_\_\_

**15. What is your monthly payment for housing (rent/mortgage/lot rent)?**

- I do not have a housing payment
- Cost per month      \$ \_\_\_\_\_

**16. Which of the following six statements best represents your opinion about the condition of your residence? (Check only one)**

- In good shape, needs no repairs
- Needs minor repairs
- Safe, but needs major repairs
- Unsafe / poor condition
- Needs disability access improvements (wheelchair ramps, wider doorways, etc.)
- Other (specify) \_\_\_\_\_

**17. Do you consider yourself to be living in a safe neighborhood?**       Yes       No

**18. Do any of these housing problems apply to you? (Check all that apply)**

- I am at risk of foreclosure on home that I own
- I am at risk of eviction from home that I rent
- I cannot find affordable housing to buy
- I cannot find affordable housing to rent
- I cannot afford to make needed repairs to my home
- Mental illness makes it hard to find a place to rent
- Bad credit makes it hard to find a place to rent
- Criminal background makes it hard to rent a home
- Lost housing after family's wage earner left the home
- None of these pertain to me
- Other (please describe) \_\_\_\_\_

**19. Do you hope to buy a home someday?       Yes       No**

**20. Do any of the following prevent you from buying a home? (Check all that apply)**

- This question does not apply to my situation
- Cannot afford the monthly payments
- Cannot afford a down payment
- Credit issues
- Will not be in this area very long
- The home buying process is too complicated
- Other reason? (please describe) \_\_\_\_\_

**FOOD AND NUTRITION**

**21. In the last 12 months, have you or anyone in your home experienced any of the following? (Please check all that apply)**

- Gone hungry because you were not able to get enough food
- Skipped or cut back on the size of your meals because there wasn't enough money for food
- Used any food assistance services such as food stamps, food banks, or any other program that helps with food or food costs
- None of these

**22. If you received help with food, which of the following has your household used in the last 12 months? (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Did not get help with food                    | <input type="checkbox"/> Senior or WIC Farmer's Market vouchers             |
| <input type="checkbox"/> Food banks                                    | <input type="checkbox"/> Senior center meals/congregate meals               |
| <input type="checkbox"/> SNAP (Food Stamps)                            | <input type="checkbox"/> Meals on Wheels or home delivered meals            |
| <input type="checkbox"/> Food voucher from an agency                   | <input type="checkbox"/> Free or reduced-price breakfast or lunch at school |
| <input type="checkbox"/> WIC   | <input type="checkbox"/> School's weekend food program for kids             |
| <input type="checkbox"/> Churches                                      | <input type="checkbox"/> Other (please describe)                            |
| <input type="checkbox"/> Food grown in my garden or a community garden | _____   |
| <input type="checkbox"/> Hot meal programs                             | _____   |

**23. Where do you usually get most of your family's food? (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Grocery stores                          | <input type="checkbox"/> Convenience stores/gas stations |
| <input type="checkbox"/> Natural food store/Farmers Markets      | <input type="checkbox"/> Food banks                      |
| <input type="checkbox"/> Ethnic markets (Russian, Mexican, etc.) | <input type="checkbox"/> Other (please describe)         |
| <input type="checkbox"/> Restaurants and fast-food places        | _____  |

## **HEALTH AND HEALTH CARE**

**24. How would you rate your health?**

- Excellent
- Very good
- Good
- Fair
- Poor

**25. Was there a time during the past 12 months when anyone in your household needed medical, dental, mental health care, prescription medication, or drug/alcohol treatment but did not get it?**

- Yes       No

**26. If YES to Q25 what are the main reasons that you or your family member did not get the care or medication that was needed? (Check all that apply)**

Medical/Dental/Mental/Prescriptions/Drug/Alcohol Treatment...

- |   |   |
|---|---|
| <input type="checkbox"/> Costs too much                         | <input type="checkbox"/> Did not know where to go for help        |
| <input type="checkbox"/> No insurance                           | <input type="checkbox"/> Could not get childcare                  |
| <input type="checkbox"/> Too many days to get an appointment    | <input type="checkbox"/> Too many other things I need to purchase |
| <input type="checkbox"/> No way to get to appointment           | <input type="checkbox"/> Other reasons (please describe):         |
| <input type="checkbox"/> Nervous or afraid about the experience | _____   |
|   | _____   |

**27. What kind of health insurance do you have? (Check all that apply)**

- I do not have health insurance
- State-assisted medical or Medicaid
- Medicare
- Self-insured (I pay for coverage myself)
- Health insurance group plan through employer, union or association
- Military plan
- Other plan? (please describe) \_\_\_\_\_

**28. When you are sick or need medical care, where do you usually go? (Check all that apply)**

- I do not seek medical care
- The hospital emergency room
- An urgent care clinic
- A doctor's office
- CHAS, Heritage Health
- VA clinic
- Volunteer clinics like Snake River Clinic, Bonner Partners in Care, etc.
- Tribal Health
- Other place? (please describe) \_\_\_\_\_

**29. When you need dental care, where do you usually go? (Check all that apply)**

- I do not seek dental care
- The hospital emergency room
- A dentist's office
- Tribal Health
- Volunteer clinics like Snake River Clinic, Bonner Partners in Care, etc.
- CHAS, Heritage Health
- Other place? (please describe) \_\_\_\_\_

**30. If you or someone in your household needed mental health care, where would you go? (Check all that apply)**

- Does not apply to my household
- Trusted friend or family member
- The hospital emergency room
- Don't know what resources are available
- Community mental health center
- A walk-in clinic
- A doctor's office
- Tribal Health
- Volunteer clinics like Snake River Clinic, Bonner Partners in Care, etc.



- CHAS, Heritage Health
- VA clinic
- Pastor or priest
- Other place? (please describe) \_\_\_\_\_

**31. If you or someone in your household needed alcohol/drug treatment, where would you go?**

**(Check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Does not apply to my household | <input type="checkbox"/> A doctor's office              |
| <input type="checkbox"/> I do not know where to go      | <input type="checkbox"/> VA clinic                      |
| <input type="checkbox"/> The hospital emergency room    | <input type="checkbox"/> Private counselor              |
| <input type="checkbox"/> Alcohol/drug treatment agency  | <input type="checkbox"/> Tribal health                  |
| <input type="checkbox"/> An urgent care clinic          | <input type="checkbox"/> Other place? (please describe) |
| <input type="checkbox"/> North Idaho Crisis Center      | _____   |

**32. Did the need for this service (mental health, alcohol/drug treatment) increase or decrease AFTER the COVID-19 Pandemic?**

- Increase       Decrease       N/A

Can you tell us about that? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT AND INCOME**

**33. Here is a list of common sources of household income. Which of these has been a source of income for anyone in your home during the last 12 months? (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> No source of income in the last 12 months | <input type="checkbox"/> Unemployment insurance  |
| <input type="checkbox"/> Wages or income from a job                | <input type="checkbox"/> Child support           |
| <input type="checkbox"/> Self-employed or family business          | <input type="checkbox"/> Pension                 |
| <input type="checkbox"/> VA benefits                               | <input type="checkbox"/> Investment income       |
| <input type="checkbox"/> Social Security (retirement)              | <input type="checkbox"/> Stimulus payments       |
| <input type="checkbox"/> SSI - supplemental social income          | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Social security disability insurance      | _____  |
| <input type="checkbox"/> Workers' compensation (L&I)               | _____  |
| <input type="checkbox"/> TANF (cash assistance)                    |  |

**34. Including yourself, how many persons in these age groups that live in your household worked for pay at any time in the last 12 months?**

Persons 16 – 18 years old      \_\_\_\_\_  
 Persons 19 - 64      \_\_\_\_\_  
 Persons 65 and up      \_\_\_\_\_

**35. In the last 12 months, what was your average estimated total MONTHLY household income from all sources? (take home pay from all sources)**

Dollars per month    \$ \_\_\_\_\_

**36. Has getting or keeping a good job been hard for you or anyone in your home in the last 12 months?**

- Yes
- No
- N/A

**37. If Yes to Q36 what's been hard about getting or keeping a good job? (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Not enough jobs available                      | <input type="checkbox"/> Available work is only seasonal |
| <input type="checkbox"/> Recent layoff or hours cut                     | <input type="checkbox"/> A criminal record               |
| <input type="checkbox"/> Not the right job skills or experience         | <input type="checkbox"/> Regular place to sleep at night |
| <input type="checkbox"/> Don't know how to search for a job effectively | <input type="checkbox"/> Telephone                       |
| <input type="checkbox"/> Tools, clothing, or equipment for the job      | <input type="checkbox"/> Language barriers               |
| <input type="checkbox"/> Transportation                                 | <input type="checkbox"/> Physical or mental disability   |
| <input type="checkbox"/> Childcare                                      | <input type="checkbox"/> Age                             |
| <input type="checkbox"/> Credit issues                                  | <input type="checkbox"/> Does not apply to my household  |
| <input type="checkbox"/> Immigration status                             | <input type="checkbox"/> Other (please describe) _____   |

**38. If childcare was/is an issue for you, what problems did/do you have? (Check all that apply)**

- Does not apply to my household
- Infant care not available/hard to find
- Evening care not available/hard to find
- Weekend care not available/hard to find
- Part-time care not available/hard to find
- Couldn't find affordable care
- Couldn't find special needs childcare
- Childcare choices were not good enough
- My child was expelled from childcare due to behavior problems
- Other (please describe) \_\_\_\_\_

**39. How much time does it usually take you to get to work? (Check only one)**

- Does not apply / unemployed / retired
- Less than 20 minutes to get to work
- More than 20 minutes but less than 1 hour
- Over one hour
- Other (Please describe) \_\_\_\_\_

**40. Have you served as a volunteer anywhere in the last 12 months?**

- Yes       No

**41. If YES to Q40, where did you volunteer?**

- N/A  
 Where did you volunteer? \_\_\_\_\_

**42. If YES to Q40 how many hours per week did you volunteer?**

- N/A  
 Hours per week: \_\_\_\_\_

## **FINANCIAL AND LEGAL ASSISTANCE**

**43. Which of these situations have applied to you or anyone in your home in the last 12 months? (Check all that apply)**

- Relied on a credit card to make ends meet
- Bills turned over to collection agency
- House foreclosure
- Have fines or legal fees that are hard to pay
- Have built up too much credit card debt
- Have debt from medical/dental bills
- Don't know how to file taxes
- Received credit or budget counseling
- Declared personal bankruptcy
- Can't save for unexpected expenses
- Can't save for retirement or child's education
- None of these apply

**44. Do you have a checking or savings account at a bank or credit union?**

- Yes       No

**45. Have you ever claimed the Earned Income Tax Credit (EITC)?**

- Yes       No

**46. Have you ever claimed the Child Tax Credit (CTC)?**

- Yes       No

**47. Did any of the following things happen to you in the last 12 months?**

- Fell behind in paying rent or mortgage
- Pressured to pay bills by creditors or bill collectors
- Car, household appliances, or furniture repossessed
- Pawned or sold off valuables to make ends meet
- Used a payday loan service
- Borrowed money from friends or family
- Had utilities (water, heat, or electricity) shut off
- None of these apply

**48. Has anyone in your home needed legal assistance for any of these issues in the last 12 months? (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Family law                                 | <input type="checkbox"/> Wills, trusts, or estates                       |
| <input type="checkbox"/> Housing/eviction issues                    | <input type="checkbox"/> Removing adult or juvenile criminal records     |
| <input type="checkbox"/> Consumer debt                              | <input type="checkbox"/> Domestic violence (including protection orders) |
| <input type="checkbox"/> Employment or job issues                   | <input type="checkbox"/> Other legal needs? (please describe)            |
| <input type="checkbox"/> Public benefits (including denial appeals) | _____  |
| <input type="checkbox"/> Immigration issues                         | _____  |

**TRANSPORTATION**

**49. In the last 12 months, which of the following transportation problems has your household experienced? (Check all that apply)**

- No transportation problems
- No access to a car
- No car insurance
- No vehicle registration
- No driver's license or license suspended
- Unable to afford gas
- Unable to afford car repairs
- Other problem? (please describe) \_\_\_\_\_

**50. If the bus or public transit does not work for your household, why not? (Check all that apply)**

- Does not apply to my household
- Prefer to use car
- No service where I am going
- No bus stop close to home
- Bus times or days do not work for me
- Can't afford cost of bus fare
- A physical or mental disability
- Other reason? (please describe) \_\_\_\_\_

51. Have you lost, or turned down, a job due to transportation issues?

Yes       No

## Community Services

52. HOW IMPORTANT are the following services to your household? Check mark. ✓

Service	Important	Semi-important	Not important	Does not apply
Housing help – finding a way to help with rent or mortgage				
Childcare				
Basic education/ English as a second language/GED				
Legal help				
Food – help getting enough food				
Nutritious food – help getting fruits and vegetables				
Help with how to buy and cook healthy meals				
Transportation that meets my needs				
Affordable medical care				
Affordable dental care				
Living wage jobs				
Help with heating/electric bills				
Mental health services/family counseling				
Drug/alcohol treatment & counseling				
Help with basic finances (budgeting/savings/credit, etc.)				
Domestic violence services				

Were there any gaps in services that you needed but there were no resources available for help?

Yes       No

Please describe: \_\_\_\_\_

53. **HOW EASY** is it for your household to find and receive these services? Check mark. ✓

Service	Easy	Semi-easy	Not easy	Does not apply
Housing help – finding a way to help with rent or mortgage				
Childcare				
Basic education/ English as a second language/GED				
Legal help				
Food – help getting enough food				
Nutritious food – help getting fruits and vegetables				
Help with how to buy and cook nutritious meals				
Transportation that meets my needs				
Affordable medical care				
Affordable dental care				
Living wage jobs				
Help with heating/electric bills				
Mental health services/family counseling				
Drug/alcohol treatment & counseling				
Help with basic finances (budgeting/savings/credit, etc.)				
Domestic violence services				

