

Department of Public Health and Human Services	SECTION: AGENCY
COMMUNITY SERVICES BLOCK GRANT	SUBJECT: Needs Assessment

The state must prepare and submit an application and State plan covering a period of at least one fiscal year, but no more than two (Section 676). Human Resource Development Councils (HRDCs) must provide the assurances and other information required in the State's application and work plan. In accordance with our State Plan's assurance (11), the Department has included a Community Needs Assessment Template.

A Community Needs Assessment is a comprehensive assessment of poverty conditions as well as available resources to eliminate poverty based on current published information and the HRDC's own surveys which include participation from individuals and stakeholders in low-income communities. At a minimum, the assessment must:

- be conducted at least every five years,
- be a dated, written document labeled as a "Needs Assessment",
- Include partners reported in National Performance Indicator 4,
- List data sources and methods,
- List findings and priorities,
- Describe how priorities are addressed,
- and be included in the HRDC strategic planning process.

MONTANA NEEDS ASSESSMENT

2003

HOUSEHOLD AND COMMUNITY CONCERNS:

HOUSEHOLD CONCERNS – Please rate the extent to which each of the problems below *personally concerns you and your household*.

	<u>Not a current problem</u>	<u>Is a mild problem</u>	<u>Is a moderate problem</u>	<u>Is a severe problem</u>
Obtaining a stable, reliable place to live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to afford heat and electricity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting someone to watch over children or other dependents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Having reliable, convenient transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to see a doctor when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to obtain medicine as needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having enough food for everyone in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to meet with a counselor or psychotherapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting necessary dental care for everyone in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting vision needs (glasses or other eye care) met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have other needs or concerns not listed above, what are they?

COMMUNITY CONCERNS – Besides concerns that affect you directly, we are interested in your perceptions about what types of services are most in demand among people of need in the community in general. From the list below, please select the **three** services that you think are most needed in the community, and **rate them from 1 to 3**, with “1” being the most important.

- | | |
|---|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Senior home repair |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Senior/disabled programs |
| <input type="checkbox"/> Drug and alcohol treatment | <input type="checkbox"/> Heating and home weatherization |
| <input type="checkbox"/> Family & relationship counseling | <input type="checkbox"/> Financial management education |
| <input type="checkbox"/> Parental education classes | <input type="checkbox"/> Job training & education |
| <input type="checkbox"/> Child care & after school programs | <input type="checkbox"/> Prescription drug assistance |
| | <input type="checkbox"/> Doctor and hospital services |

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EMPLOYMENT & INCOME

EMPLOYMENT STATUS:

<u>Yourself</u>	<u>Spouse or Partner (if applicable)</u>	
<input type="radio"/>	<input type="radio"/>	Working full-time
<input type="radio"/>	<input type="radio"/>	Working part-time
<input type="radio"/>	<input type="radio"/>	Homemaker
<input type="radio"/>	<input type="radio"/>	Not employed but looking
<input type="radio"/>	<input type="radio"/>	Not employed, not looking
<input type="radio"/>	<input type="radio"/>	Full-time student
<input type="radio"/>	<input type="radio"/>	Retired
<input type="radio"/>	<input type="radio"/>	Other: _____
<input type="radio"/>	<input type="radio"/>	Other: _____

Occupation(s) of each wage earner for household:

Primary earner: _____

Secondary earner: _____

Third earner: _____

Fourth earner: _____

Are you interested in starting your own business?

No

Yes



(if yes) Would you be interested in information and assistance to start your own business?

No

Yes

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ANNUAL GROSS HOUSEHOLD INCOME**(Before Taxes)** – Please mark one.

- Under \$3,000
 \$3,000 - \$5,999
 \$6,000 - \$9,999
 \$10,000 - \$14,999
 \$15,000 - \$19,999
 \$20,000 - \$24,999
 \$25,000 - \$50,000
 Over \$50,000

SOURCES OF YOUR HOUSEHOLD INCOME –

Please mark all that apply to your household.

- Wages Social Security Insurance
 Interest Unemployment Insurance
 Self-Employed Retirement Accounts/Pension
 Child Support TANF Cash
 Veteran Affairs Workman's Compensation
 Alimony Other: _____

If you or someone in your household is seeking employment or wish to advance to a better paying job, what are the biggest barriers to finding a job? Mark all that apply.

- High level of competition Mental Health Issues
 Lack of education Medical reasons
 Lack of experience Lack of jobs in field of expertise
 Lack of job skills Cultural background
 Need transportation Employer attitudes
 Need flexible hours Unable to get child care
 Wages too low for needs Unable to get adult care
 Not sure best ways to search for job Discrimination (age, race, personal appearance)
 Discouraged job seeker Other (explain) _____

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HEALTH INSURANCE:

Are you or any member of your household on Medicaid?

- Yes
- No

Do you have medical insurance (not including Medicaid)?

- Yes
- No

Are your children covered under your medical insurance?

- Yes
- No
- (Not applicable)

Is your medical insurance paid for by your employer?

- Yes
- No
- (Not applicable)

What is the cost of your out-of-pocket monthly medical insurance for your entire family?

- Under \$50
- \$51 – \$100
- \$101 – \$150
- \$151 – \$200
- Over \$200

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CHILD & ADULT CARE:

Which, if any, of the following services would you like greater assistance acquiring? (please check all that apply)

- Affordable child care
- Special needs child care
- After school programs
- Evening/weekend child care
- Elderly/adult care services

SENIOR/DISABLED:

If you are 60 years of age or older, handicapped or disabled, do you have trouble with any of the following?

- Yard work
- Exterior maintenance
- Interior household chores
- Scheduling doctor or physical therapy appointments
- Driving
- Transportation
- Meal preparation
- Other: _____
- Feelings of loneliness
- Feelings of depression
- Coping with the loss of a loved one

TRANSPORTATION:

Do you have a valid driver's license?

- Yes
- No

Do you have a car or truck in working condition?

- Yes
- No

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HOUSING:

HOUSING TYPE - Please mark **one** that best describes your living situation.

- | | |
|--|---|
| <input type="radio"/> Residential House | <input type="radio"/> Motel or Hotel |
| <input type="radio"/> Condo/Townhouse | <input type="radio"/> Living with Relatives |
| <input type="radio"/> Modular/manufactured home | <input type="radio"/> Living with Friends |
| <input type="radio"/> Mobile Home/Trailer | <input type="radio"/> Living on street |
| <input type="radio"/> Apartment | <input type="radio"/> Living in vehicle |
| <input type="radio"/> Retirement home or assisted living | <input type="radio"/> Other: _____ |

Do you own or rent?

- Own
 Rent

Monthly cost of housing: \$ _____

If renting, do you receive assistance with rent?

- Yes
 No

Number of moves in the past 4 years?

- 0
 1
 2
 3
 4
 5+

If you have had problems finding adequate housing, what were they? (Mark all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Unaffordable rent/mortgage | <input type="checkbox"/> Utility hookups/deposits | <input type="checkbox"/> Poor condition of house |
| <input type="checkbox"/> Unaffordable down payment | <input type="checkbox"/> Utility cost too high | <input type="checkbox"/> Location of house |

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- | | | |
|---|--|--|
| <input type="checkbox"/> First and last month rent required | <input type="checkbox"/> Little or no insulation | <input type="checkbox"/> Rental contract terms |
| <input type="checkbox"/> Security/damage deposit | <input type="checkbox"/> Poor heating system | <input type="checkbox"/> No pets allowed |
| <input type="checkbox"/> Landlord or seller discrimination | <input type="checkbox"/> Poor credit | <input type="checkbox"/> No smoking allowed |
| <input type="checkbox"/> Other Specify: _____ | | |

Please mark the statement below that best describes the condition of your present residence:

- No repairs needed
- Minor repair needed
- In need of serious repair but safe
- Hazardous

How satisfied are you with your current residence?

- Extremely unsatisfied
- Somewhat unsatisfied
- Neither satisfied nor unsatisfied
- Somewhat satisfied
- Extremely satisfied

How many bedrooms does your residence have? _____

How many bedrooms does your family need? _____

Have you been homeless at any time during the past year?

- No
- Yes

 If yes, how long? _____

Where did you receive assistance, if any?

- | | |
|---|---|
| <input type="checkbox"/> Relative or friend | <input type="checkbox"/> Rescue Mission |
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> Domestic Violence Shelter |
| <input type="checkbox"/> Church | <input type="checkbox"/> Human Resource Development Council |
| <input type="checkbox"/> Salvation Army | <input type="checkbox"/> Other: _____ |

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UTILITIES:

Have you had your power turned off or received a shutoff notice in the past year?

- Yes
 No

Are you enrolled in a “budget billing” program with your utility company?

- Yes
 No

On average, how much do you pay per month for heat and electricity (if included in your rent, please write “0”):

\$ _____

How, if at all, do you use wood as a heating source?

- Not at all
 As a supplementary heat source
 As the main heat source

Have you had difficulty starting up utility services because of high deposit fees?

- Yes
 No

How would you rate the insulation and weather resistance of your current residence?

- Poor
 Fair
 Good
 Excellent

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Would you like information on
how to save energy?

- Yes
- No

FOOD NEEDS:

Please indicate whether the following statements
were OFTEN, SOMETIMES, or NEVER true for you
and your household OVER THE PAST 12
MONTHS.

The food that my household bought just didn't
last, and we didn't have money to get more.

- Often true
- Sometimes true
- Never true

My household couldn't afford to eat balanced
meals.

- Often true
- Sometimes true
- Never true

In the last 12 months did you or other adults in your
household ever cut the size of your meals or skip
meals because there wasn't enough money for food?

- No
- Yes

↳ (If "yes" to previous question) How often
did this happen — almost every month,
some months but not every month, or in
only 1 or 2 months?

- Almost every month
- Some months but not every
month
- Only 1 or 2 months

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In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- No
 Yes

In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- No
 Yes

PROGRAMS:

Please mark all of the following programs that your household currently participates in:

- | | |
|--|---|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Food Banks |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Domestic Abuse | <input type="checkbox"/> Early Head Start |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Free or reduced school lunches |
| <input type="checkbox"/> Commodities | <input type="checkbox"/> WIA Adult/Youth |
| <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) formally AFDC | |

COMMUNITY ACTION/HRDC SERVICES:

Please mark all of the programs that your family has participated in within the past 12 months:

- | | |
|--|--|
| <input type="checkbox"/> Help with employment/training services | <input type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> WIC (Women, Infants and Children) | <input type="checkbox"/> Child Care Assistance |
| <input type="checkbox"/> Help with home heating | <input type="checkbox"/> Small Business Loan Program |
| <input type="checkbox"/> Weatherizing your home | <input type="checkbox"/> Emergency help with utilities or rent |
| <input type="checkbox"/> WoRC (Work Readiness Component) for TANF Recipients | <input type="checkbox"/> Energy Assistance (LIEAP) |
| <input type="checkbox"/> Other (Please describe): _____ | |

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If you have used any of the above Community Action/HRDC services during the past year, please answer the following questions:

Are you more or less dependent upon social programs to get by than you were a year ago?

- More dependent
 Less dependent
 About the same

Do you believe the programs have helped improve the conditions in which you live?

- Yes
 No

Were you treated fairly and professionally by the HRDC staff when you applied for services or referral?

- Yes
 No

If you have any suggestions for ways that HRDC staff could better provide services to the people who need them, what would you suggest?

RESPONDENT & HOUSEHOLD INFORMATION:

City/Town of Residence: _____

Zip Code: _____

MARITAL STATUS:

- Single
 Married
 Living as married
 Separated
 Divorced
 Widowed

SIZE & AGES OF HOUSEHOLD:

What is your age? _____

Please list the ages of all other adults, including children over 18, living in your household:

Please list the ages of each child under 18 living in your household:

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RACE:

- White/Caucasian
- Native American
- Hispanic
- African American
- Asian
- Other: _____

SEX:

- Female
- Male

HIGHEST LEVEL OF EDUCATION:

<u>Yourself</u>	<u>Spouse or Partner (if applicable)</u>	
<input type="radio"/>	<input type="radio"/>	8 th grade or less
<input type="radio"/>	<input type="radio"/>	Some high school
<input type="radio"/>	<input type="radio"/>	High school grad. or GED
<input type="radio"/>	<input type="radio"/>	Vocational/trade school
<input type="radio"/>	<input type="radio"/>	Some college
<input type="radio"/>	<input type="radio"/>	College graduate or higher

Have any grade/high school children
in your household dropped out of
school within the past twelve
months?

- No
- Yes ⇒ reason:

DISABILITIES:

If any members of your household have disabilities, please specify their
ages and disabilities:
