



Snohomish County Community Needs Survey

What Do You Think?

Please help the Snohomish County Human Services Department better understand the needs of Snohomish County residents by completing the following survey about your household. The results help us plan for and better serve those we help. All information is strictly confidential. **Please only complete this survey if you are a resident of Snohomish County.**

As a thank you for completing the survey **you may choose to be entered in a raffle for a \$100 gift card.**

Surveys can be returned to your service provider, completed online at <https://www.surveymonkey.com/r/snocna2018>, scanned and emailed to CNA@snoco.org, or mailed to the address below.

Snohomish County Human Services Department
Attention: Tyler Verda
3000 Rockefeller Ave, M/S 305
Everett, 98201

Please only complete one survey per household.

Questions? Please contact Tyler Verda at (425) 262-2904 or tyler.verda@snoco.org

Surveys must be submitted by December 21, 2018

1. Which type of organization asked you to take this survey?

- | | |
|--|--|
| <input type="checkbox"/> Community or Family Resource Center | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> ECEAP or Early Head Start | <input type="checkbox"/> Energy Assistance/LIHEAP |
| <input type="checkbox"/> Housing provider | <input type="checkbox"/> Community Health Center |
| <input type="checkbox"/> Food bank | <input type="checkbox"/> Other (please describe) _____ |

2. Including yourself, how many persons in your household are the following ages...?

0-5 years old _____ 18-24 years old _____ 65 and over _____
 6-17 years old _____ 25-64 years old _____

3. On a scale of 1 to 5, how important are the following services to your household now? Use 1 for “not important” and 5 for “extremely important”.

Please circle one number for each service or check “Don’t know”

Not Important - - - - - Extremely Important

	1	2	3	4	5	or <input type="checkbox"/> Don't Know
Affordable Housing/rent assistance						
Basic education (GED)						
Birth to age 3 services/home visits (Early Head Start)						
Childcare						
Dental care						
Drug/alcohol treatment or counseling						
Food (help getting enough food)						
Help finding a job						
Help getting/keeping benefits (Social Security, TANF, Medicaid, SNAP etc.)						
Help with basic finances and budgeting						
Help with heating or electric bills						
Job training						
Legal help						
Medical care						
Mental health services or counseling						
Preschool ages 3-5 (ECEAP/Head Start)						
Services for domestic violence						
Services for individuals with disabilities						
Services for seniors						
Transportation that meets my needs						

4. On a scale of 1 to 5, how easy is it for your household to locate and receive the following services? Use 1 for “very easy to get” and 5 for “very hard to get”.

Please circle one number for each service or check “Don’t know”

Very easy to get ----- Very hard to get

Affordable Housing/rent assistance	1	2	3	4	5	or <input type="checkbox"/> Don't Know
Basic education (GED)	1	2	3	4	5	or <input type="checkbox"/> Don't know
Birth to age 3 services/home visits (Early Head Start)	1	2	3	4	5	or <input type="checkbox"/> Don't know
Childcare	1	2	3	4	5	or <input type="checkbox"/> Don't know
Dental care	1	2	3	4	5	or <input type="checkbox"/> Don't know
Drug/alcohol treatment or counseling	1	2	3	4	5	or <input type="checkbox"/> Don't know
Food (help getting enough food)	1	2	3	4	5	or <input type="checkbox"/> Don't know
Help finding a job	1	2	3	4	5	or <input type="checkbox"/> Don't know
Help getting/keeping benefits (Social Security, TANF, Medicaid, SNAP etc.)	1	2	3	4	5	or <input type="checkbox"/> Don't know
Help with basic finances and budgeting	1	2	3	4	5	or <input type="checkbox"/> Don't know
Help with heating or electric bills	1	2	3	4	5	or <input type="checkbox"/> Don't know
Job training	1	2	3	4	5	or <input type="checkbox"/> Don't know
Legal help	1	2	3	4	5	or <input type="checkbox"/> Don't know
Medical care	1	2	3	4	5	or <input type="checkbox"/> Don't know
Mental health services or counseling	1	2	3	4	5	or <input type="checkbox"/> Don't know
Preschool ages 3-5 (ECEAP/Head Start)	1	2	3	4	5	or <input type="checkbox"/> Don't know
Services for domestic violence	1	2	3	4	5	or <input type="checkbox"/> Don't know
Services for individuals with disabilities	1	2	3	4	5	or <input type="checkbox"/> Don't know
Services for seniors	1	2	3	4	5	or <input type="checkbox"/> Don't know
Transportation that meets my needs	1	2	3	4	5	or <input type="checkbox"/> Don't know

5. Do you or anyone in your household have difficulty accessing services for any of the following reasons? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Language barriers | <input type="checkbox"/> Don't have ID |
| <input type="checkbox"/> Need transportation | <input type="checkbox"/> Concerns around citizenship/immigration status |
| <input type="checkbox"/> Don't have a computer | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Don't have a phone or minutes | <input type="checkbox"/> Other (Please describe) _____ |

6. When receiving or trying to receive services in the past three years, have you or anyone in your household experienced discrimination due to language, race, ethnicity, sexual orientation, or gender identity?

Yes No Don't know

Housing

7. Which best describes the place where you are living this week? *Check only one.*

- | | |
|--|--|
| <input type="checkbox"/> Rental housing | <input type="checkbox"/> Homeless shelter or transitional housing |
| <input type="checkbox"/> A home that I/we own | <input type="checkbox"/> Homeless without shelter (outdoors, street, tent, abandoned building, or vehicle) |
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Other (Please describe) _____ |
| <input type="checkbox"/> Staying with another person/sharing a home with another household | |

8. In the last 12 months, how often did you have to choose between paying rent/mortgage and paying for other basic needs (like food, medical care, or transportation)? *Check only one.*

- | | |
|--|---|
| <input type="checkbox"/> Every month | <input type="checkbox"/> Rarely (1-3 times) |
| <input type="checkbox"/> Every couple of months (6-11 times) | <input type="checkbox"/> Never |
| <input type="checkbox"/> Once in a while (4-5 times) | <input type="checkbox"/> Don't know |

9. In the last 12 months, have any of the following things happened to your household? *Check all that apply.*

- Received a shut off notice for heat or electricity due to nonpayment
- Heat or electricity was turned off for nonpayment
- Had to share housing with another person/household in order to afford rent/mortgage
- Received an eviction notice
- Received a three day notice to pay rent or vacate
- Was unable to pay property taxes on your home
- Had to leave where you lived because of domestic violence
- Had to stay in a homeless shelter or transitional housing
- Was homeless without shelter (outdoors, street, tent, abandoned building, or vehicle)
- None of these

Employment & Income

10. Which of the following best describes your employment status? *Check all that apply.*

- | | |
|---|--|
| <input type="checkbox"/> Homemaker/Caregiver | <input type="checkbox"/> Unemployed – seeking work |
| <input type="checkbox"/> Employed full time | <input type="checkbox"/> Unemployed – not seeking work |
| <input type="checkbox"/> Employed part time | <input type="checkbox"/> Individual with disability seeking work |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Individual with disability not seeking work |
| <input type="checkbox"/> Employed seasonally | <input type="checkbox"/> Other (Please describe) _____ |
| <input type="checkbox"/> Work every once in a while | |

11. What is your household's estimated total MONTHLY income from all sources?

Dollars per MONTH \$ _____

Don't know

12. In the last 12 months, did you or anyone in your household need help getting or keeping any of the following benefits? Check all that apply.

- Social Security
- Social Security Disability Insurance
- Supplemental Security Income
- TANF (Also known as Welfare Assistance)
- SNAP/WIC (Also known as Food Stamps)
- Working Connections Child Care (help paying for childcare for families in TANF/WorkFirst)

- Unemployment Benefits
- Workers Compensation
- Medicaid
- Medicare
- Veterans' Benefits
- None/Did not need assistance with any of these benefits

13. In the last 12 months, has getting or keeping a job been hard for you or anyone in your household?

Yes No Don't know

If YES, what's been hard about getting or keeping a good job? Check all that apply.

- Not enough jobs available
- Need the right job skills
- Need help with job search
- Need a regular place to sleep at night
- Need transportation
- Need childcare
- Need a telephone

- Need tools, clothing, or equipment for the job
- Have a criminal record
- Language barrier
- Physical or mental disability
- Concerns around citizenship/immigration status
- Other (Please describe) _____

14. Does anyone in your household have problems with debt?

Yes No Don't know

If YES, what kind of debt? Check all that apply.

- Medical/dental bills
- Bankruptcy
- Credit card
- Child support
- Student loan

- Payday loans/cash advance
- Mortgage/property taxes
- Fines/legal fees
- Other (Please describe) _____

Health & Wellness

15. In the last 12 months, have you or anyone in your household gone hungry because you were not able to get enough food?

Yes No Don't know

16. In the last 12 months, did you ever skip or cut the size of your meals because there wasn't enough money for food?

Yes No Don't know

17. In the last 12 months, were there any health services you or anyone in your household needed but were unable to get (e.g. medical, prescriptions, dental, mental health, or drug/alcohol treatment or counseling)?

Yes No Don't know

If YES, for what reasons did you or anyone in your household not get the needed health services? Check all that apply.

	Medical care/ Prescriptions	Dental	Mental health services or counseling	Drug or alcohol treatment or counseling
It cost too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Didn't have insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No one to take care of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service was not available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waitlist was too long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Didn't know where to go for help or what needed to be done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or fearful of the experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Couldn't get time off work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Couldn't find a provider who accepted Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Couldn't find a provider who spoke the language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person needing care did not want help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable (did not have problems getting this kind of health service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Education

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

- | | |
|---|--|
| <input type="checkbox"/> Less than 8 th grade | <input type="checkbox"/> Professional certification (nursing assistant, welding, early childhood education, office assistant etc.) |
| <input type="checkbox"/> 8 th grade or more but did not graduate high school | <input type="checkbox"/> Apprenticeship or trade school (electrician, mechanic, plumber etc.) |
| <input type="checkbox"/> High school graduate or GED | <input type="checkbox"/> Master's degree or higher |
| <input type="checkbox"/> Some college | |
| <input type="checkbox"/> Two-year degree | |
| <input type="checkbox"/> Four-year degree | |

19. If you are currently in school or interested in going to school, how far would you like to go? *Check only one.*

- | | |
|--|---|
| <input type="checkbox"/> High school graduate or GED | <input type="checkbox"/> Apprenticeship or trade school (ex. electrician, mechanic, plumber etc.) |
| <input type="checkbox"/> Two-year degree | <input type="checkbox"/> Master's degree or higher |
| <input type="checkbox"/> Four-year degree | <input type="checkbox"/> None of these; not in school or don't want any more schooling |
| <input type="checkbox"/> Professional certification (nursing assistant, welding, early childhood education, office assistant etc.) | |

20. What are your household's education needs? *Check all that apply.*

- | | |
|---|--|
| <input type="checkbox"/> Birth to age 3 services/home visits (Early Head Start) | <input type="checkbox"/> Help getting into an apprenticeship or trade school (electrician, mechanic, plumber etc.) |
| <input type="checkbox"/> Preschool ages 3-5 (ECEAP/Head Start) | <input type="checkbox"/> Computer lessons |
| <input type="checkbox"/> Childcare so I can attend school | <input type="checkbox"/> Citizenship/Immigrant rights classes |
| <input type="checkbox"/> Tutoring, studying, test taking assistance | <input type="checkbox"/> Adult GED classes |
| <input type="checkbox"/> Help applying for college | <input type="checkbox"/> Adult English language classes |
| <input type="checkbox"/> Financial assistance to go to college | <input type="checkbox"/> Adult basic education/reading classes |
| <input type="checkbox"/> Help getting a professional certificate (nursing assistant, welding, early childhood education, office assistant etc.) | <input type="checkbox"/> None of these |

Demographic Information

21. What is your age? _____ years old

22. What gender do you identify with?

- Male Female Other

23. Do you consider yourself to be any of the following?

- Heterosexual Gay Lesbian Bisexual Questioning Other

24. Where do you live now? City _____ Zip Code _____

25. How long have you lived in Snohomish County? *If less than one year, write <1*

_____ Years

26. Which best describes your ethnicity and/or race? Check all that apply.

- African American or Black
- Asian
- Caucasian/White
- Hispanic, Mexican or Latino
- Native American or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Other (Please specify) _____

27. Which language do you usually speak in your home? Check only one.

- | | |
|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Russian or Ukrainian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Korean | <input type="checkbox"/> French |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other (Please specify) _____ |

28. Which of the following best describes your household? Check only one.

- | | |
|--|--|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married/living with a partner (no children) |
| <input type="checkbox"/> Single-Parent household | <input type="checkbox"/> Grandparent raising a family member's child |
| <input type="checkbox"/> Two-Parent household | <input type="checkbox"/> None of these |

29. Have you or anyone in your household ever served in the U.S. Armed Forces?

- Yes No Don't know

30. Have you or anyone in your household ever been in Foster Care?

- Yes No Don't know

31. Do you or anyone in your household have a disability?

- Yes No Don't know

RAFFLE ENTRY FORM

As thanks for your help, we would like to enter you in a drawing for a gift card worth \$100.

You must have completed this survey form to be eligible for the drawing. The drawing will take place in January 2019.

To enter, please write your first name or initials, and either an email or phone number so that we know how to reach you in case you win.

Your first name or initials: _____

Best way to contact you (phone or email): _____

Thank you for your participation. Your answers are very helpful.

If you have any questions, please contact Tyler Verda at (206) 849-9794.