



- Audience:**
- Community-based Organization
  - Educational Institution
  - Individual
  - Faith-based Organization
  - Private Sector
  - Public Sector

- Forum:**
- Paper Survey
  - Electronic Survey
  - Website Entry
  - Interview
  - Community Forum



**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Zip Code:** \_\_\_\_\_

The purpose of this Community Needs Assessment is to survey a large section of the community living in Columbus and Franklin County to identify areas in which IMPACT Community Action can improve or create new programs and/or services. The results will allow IMPACT to identify trends in the needs of our communities, as well as individuals and families to shape our community support in order to be as effective as possible in the availability and delivery of programs and/or services. Please take a moment to answer the questions below. We appreciate your time and value your opinion.

**1. Gender (circle the gender you identify with most)**

1. Male
2. Female
3. Transgender (M to F)
4. Transgender (F to M)
5. Gender Fluid
6. Other (please specify) \_\_\_\_\_

**2. Your age range (circle)**

1. Under 18 years
2. 18 – 24 years
3. 25 – 34 years
4. 35 – 44 years
5. 45 – 60 years
6. 60+ years

**3. What is your Ethnicity? (circle)**

1. African American/Black
2. African/African Descent
3. Asian
4. Caucasian/White
5. Hispanic/Latino
6. Indigenous North American/Alaskan Native
7. Mixed
8. Native Hawaiian/Other Pacific Islander
9. (please specify) \_\_\_\_\_

**4. Marital Status (circle)**

1. Single
2. Married
3. Domestic Partnership
4. Separated
5. Divorced
6. Widowed

**5. Highest Education Level Completed (circle)**

1. Elementary/ Grade School
2. Junior High/Middle School
3. High school, did not graduate
4. High school diploma/GED
5. Some college credit, no degree
6. Trade/technical/vocational training (with certification)
7. Associate's Bachelor's Postgraduate

**6. Number of people living in your home:** \_\_\_\_\_

**7. Please circle if either apply**

1. I am a grandparent raising grandchildren
2. I am a foster parent
3. N/A

**8. Are you able to save money for emergencies?**

- Yes  No

**9. Have you ever been homeless?**  Yes  No

**9.a If you answered yes, what might have helped prevent this situation?** \_\_\_\_\_

**9.b If Yes, which of the following situations contributed to your housing situation (choose all that apply)**

1. Loss of employment
2. Family/Relationship issues
3. Domestic Violence
3. Health Issues/Medical Bills
- 4 Alcohol/Substance Issues
5. Other \_\_\_\_\_

**10. Please choose the option that most closely describes your living situation:**

1. Own your residence (your name is on the mortgage/deed)
2. Rent your residence (your name is on the lease)
3. Living with family/friends (pay rent, not on the mortgage/lease)
4. Living with family or friends (*do not* pay rent, not on mortgage/lease)
5. Other \_\_\_\_\_

**11. Have you ever been in a situation where you had to stay with friends or family because you did not have a place of your own?**

Yes No

**11.a If Yes, what caused your housing situation**

1. Loss of employment
2. Family/Relationship issues (including domestic violence)
3. Health Issues/Medical Bills
4. Alcohol/Substance Abuse
5. Other \_\_\_\_\_

[ For more space, please comment section on reverse side.]

**12. Total Household Income (circle)**

1. Less than \$15,000 per year
2. \$15,000 - \$24,999 per year
3. \$25,000 - \$34,999 per year
4. \$35,000 - \$49,999 per year
5. \$50,000 - \$74,999 per year
6. \$75,000 - \$99,999 per year
7. \$100,000+ per year

**13. Number of children living in your home (please enter the number of children in each age group)**

1. \_\_\_\_ Under 4 years
2. \_\_\_\_ 5 – 10 years
3. \_\_\_\_ 11 – 14 years
4. \_\_\_\_ 15 – 17 years
5. \_\_\_\_ N/A

**14. Please check all that best describes you**

- Employed  Unemployed  Underemployed  Disabled  
 Veteran  Work more than one job

15. Please rank the following areas in Franklin County in the order you believe to be most to least important. 1 High- 5 low.

- \_\_\_ Housing
- \_\_\_ Employment
- \_\_\_ Health and Wellness
- \_\_\_ Education
- \_\_\_ Others (Please specify) \_\_\_\_\_

16. Are you familiar with any local organizations that provide assistance in your community?

- Yes  No

17. Have you or any family member or friend ever received assistance from a community organization?

- Yes (If yes, please list)  No

\_\_\_\_\_

18. What are 3 programs below that you think are most needed.

1. Affordable Housing opportunities/support
2. Drug and alcohol counseling
3. Family counseling
4. Health and wellness education
5. Information Technology (IT) training
6. Other (please specify) \_\_\_\_\_

19. What are the 3 biggest issues faced by middle income, working poor and those living in poverty?

- \_\_\_ Access to affordable housing
- \_\_\_ Access to fresh produce
- \_\_\_ Alcohol or drug use/abuse
- \_\_\_ Criminal history
- \_\_\_ Health costs/lack of insurance/cost of insurance
- \_\_\_ Lack of education/access to education
- \_\_\_ Under-employment (less than full time or not making a living wage)
- \_\_\_ Other

20. Do you think there is a need in our community for access to sexual health education programs or program elements?

- Yes  No  Not sure

21. Have you or someone you know been a victim of a crime?

- Yes  No

22. Do you feel safe in your home and your neighborhood?

- Yes  No  Not Sure

23. Is there a local market that sells fresh fruits & vegetables within walking distance of where you live?

- Yes  No  Not Sure

24. Choose the top 3 stressors you currently experience:

- \_\_\_ Childcare
- \_\_\_ Health (personal health related issues, chronic disease)
- \_\_\_ Health Insurance (costs, lack of insurance)
- \_\_\_ Legal matters
- \_\_\_ Transportation
- \_\_\_ Education (lack of access, under-education, costs, current enrollment in courses)
- \_\_\_ Family (familial relationships, lack of support)
- \_\_\_ Employment (unemployment, under-employment, work-related issues)
- \_\_\_ Other financial issues (credit, savings, etc...)

\_\_\_\_\_

25. How do you manage your stressors? Circle all that apply

1. Exercise
2. Meditation
3. Hobbies
4. Religion/religious activities
5. Medication (prescribed to you)
6. Other substances (alcohol, other substances)
7. N/A

26. Which of the following elements/tools do you think are most useful in helping individuals manage stress? Circle 2

1. Counseling/Therapy (individual or therapy)
2. Medication
3. Music
4. Stress management education/workshops
5. Peer support groups
6. Access to individual resources (books, pamphlets, website articles/forums)
7. Other (please specify) \_\_\_\_\_

27. What are three things that would make your life or your community better?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Comments:

Please take a few moments to share your thoughts on why you believe poverty exists in your community, and what you think might help reduce poverty.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Thank you for helping us understand the needs of our community!*

Your opinion matters. If you would like to be contacted directly or be added to our mailing list, please complete the section below:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_