

Pre-Application Information
Multi County Community Services, Agency
601-483-4838
Please Print

Date: _____

Name: _____ Phone: _____

Email: _____

Social Security #: _____

Street Address: _____

P O Box _____ City _____ State _____ Zip _____

County _____ Date of Birth _____

Marital Status _____ Gender _____ M _____ F

Receive: SSI ___ Y ___ N Soc. Sec. ___ Y ___ N Disability ___ Y ___ N

Monthly Income _____

Electric Bill Amount _____ Gas Bill Amount _____

Heat Type: ___ Gas ___ Electric

Cook Stove Type: ___ Gas ___ Electric

Water Heater Type: ___ Gas ___ Electric

Weatherization Before: ___ Yes ___ No If Yes, What year? _____

Rent: _____ Own: _____ Monthly Rent or Mortgage _____

Landlord Name: _____

Landlord Address: _____

Landlord Phone #: _____

Total Household Sources of Income: _____

Number of People in the house: _____

Household Members:

Name: _____ Relationship: _____

Date of Birth: _____ Age: _____ Marital Status: _____

Gender: _____ Disable: _____ Income: _____

Name: _____ Relationship: _____

Date of Birth: _____ Age: _____ Marital Status: _____

Gender: _____ Disable: _____ Income: _____

Name: _____ Relationship: _____

Date of Birth: _____ Age: _____ Marital Status: _____

Gender: _____ Disable: _____ Income: _____

Name: _____ Relationship: _____

Date of Birth: _____ Age: _____ Marital Status: _____

Gender: _____ Disable: _____ Income: _____

Name: _____ Relationship: _____

Date of Birth: _____ Age: _____ Marital Status: _____

Gender: _____ Disable: _____ Income: _____

Name: _____ Relationship: _____

Date of Birth: _____ Age: _____ Marital Status: _____

Gender: _____ Disable: _____ Income: _____

Community Needs Assessment Questionnaire

The following questionnaire will only take a few minutes to complete. Your input will assist in our work to help individuals and families, assess community needs, identify gaps in services, and eliminate barriers to services. All information will be kept confidential and your name is not required on the questionnaire. Thank You For Your Time!

Every Question is to be completed or this questionnaire will be removed from the resulting pool. Please check the appropriate answer for each question.

Basic Demographic Information

1. What is your role in the community? (Please select the best choice which fits your role when completing the survey)
 - Community Action Client/Low-Income Resident
 - Faith Based Organization Representative (Church/Faith Based groups, clubs, councils, associations, etc.)
 - Private Sector Representative/Community Member (for profit, small business, private citizen, etc.)
 - Community Organization/Partner (local service provider and non-profits)
 - Educational Institution Faculty/Staff (local schools, colleges and universities)
 - Health Care Agencies (clinics, health departments, etc.)
 - Board Member of Community Action Agency
 - Staff or volunteer of Community Action Agency
 - Local Politician/Government/Public Sector Representative (non-profit, government regulated, funding sources, etc.)

2. In which county do you live or represent? _____

3. In which city do you live in? _____

4. What is your gender?
 - Male
 - Female
 - Other _____
 - Prefer not to answer

5. What is your age?

<input type="checkbox"/> Under 18	<input type="checkbox"/> 45-54	<input type="checkbox"/> 65-74
<input type="checkbox"/> 18-24	<input type="checkbox"/> 55-59	<input type="checkbox"/> 75+
<input type="checkbox"/> 25-44	<input type="checkbox"/> 60-64	

6. What is your race?

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Multi-race (two or more of the previous)
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other _____
<input type="checkbox"/> Native Hawaiian and Other Pacific Islander	

7. What is your ethnicity?

- Hispanic, Latino or Spanish origin
- Not Hispanic, Latino or Spanish origin

8. What is your educational level?

- Grades 8 or less
- Grades 9-12/Non-Graduate
- High School Graduate/Graduate Equivalency Diploma (GED)
- 12th grade + Some Post-secondary
- 2 or 4 year college graduate
- Graduate of other post-secondary school

9. The amount that best represents your annual household income:

- Under \$10,000
- \$10,001 - \$15,000
- \$15,001 - \$20,000
- \$21,001 - \$25,000
- \$25,001 - \$30,000
- \$30,001 - \$35,000
- \$35,001 - \$40,000
- Above \$40,000

10. What best describes your household?

- Single Person
- Two Adults no children
- Single Parent Female
- Single Parent Male
- Two Parent Household
- Non-related Adults with children
- Multigenerational household
- Other

11. Including yourself, how many people live in your home?

- One (1)
- Two (2)
- Three (3)
- Four (4)
- Five (5)
- Six (6) or more

12. The number of people in your household between the ages of (Enter the number for each category)

- 0-5 _____
- 6-13 _____
- 14-17 _____
- 18-24 _____
- 25-44 _____
- 45-54 _____
- 55-59 _____
- 60-64 _____
- 65-74 _____
- 75+ _____

13. Are you disabled?

- Yes
- No

14. What is your Military Status?

- Veteran
- Active Military
- No Military Service

15. Do you have health insurance?

- Yes
- No

As part of the local Community Action Agency ongoing Community Needs Assessment, we are asking that you assist us by completing the following survey. The results of the survey assist in targeting funding toward the greatest community needs.

16. The following topic areas require that you mark all important needs in each category. Please take the time to review each carefully before making your decision. As always, we value your input and feedback.

Education	Employment	Housing	Health
<input type="checkbox"/> More accessible counseling to prepare students for tech or college <input type="checkbox"/> More certificate/degree programs offered locally <input type="checkbox"/> More affordable transportation options to and from school <input type="checkbox"/> More affordable high-quality childcare options for parents who would like to further their education <input type="checkbox"/> Increasing the community's knowledge of available education resources (career development, computer skills, and state programs) <input type="checkbox"/> More available English as a Second Language (ESL) programs. <input type="checkbox"/> More affordable and available internet <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> More jobs with better pay and benefits <input type="checkbox"/> More training for the types of jobs available in the area (i.e. workforce development, welfare to work, or ReSkill Mississippi) <input type="checkbox"/> Affordable transportation to and from job <input type="checkbox"/> Early reinforcement of the values of entering the workforce <input type="checkbox"/> Increasing the community's knowledge of available employment services <input type="checkbox"/> Improve the workforce readiness skills of people who are able to work <input type="checkbox"/> Affordable adult daycare during work hours. <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> More monthly rental assistance programs <input type="checkbox"/> Increased availability of security/utility deposit programs <input type="checkbox"/> More counseling resources for homeowners <input type="checkbox"/> More grants to make home ownership and home rehab affordable <input type="checkbox"/> More grants to provide services to reduce energy cost <input type="checkbox"/> More programs to provide free home repair <input type="checkbox"/> More income based rental housing for disabled and seniors <input type="checkbox"/> More community support programs for homeless families <input type="checkbox"/> More available emergency shelters for women, families, and victims of domestic violence. <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> More community focus on preventative healthcare <input type="checkbox"/> Affordable transportation for health care services <input type="checkbox"/> Provide more education on maintaining personal hygiene <input type="checkbox"/> More payment assistance programs for adult dental, hearing, and/or vision services <input type="checkbox"/> Increasing the community's knowledge of available health resources <input type="checkbox"/> More emphasis on reinforcing healthy eating habits <input type="checkbox"/> More nutritional counseling (one on one and free) <input type="checkbox"/> More knowledge of available food resources <input type="checkbox"/> More assistance and resource of domestic violence <input type="checkbox"/> More assistance and resourced for victims of elder abuse <input type="checkbox"/> Other (please specify) _____

Early Child Care and Education	Income and Asset Building	Civic Engagement	Support Services
<input type="checkbox"/> More affordable childcare providers <input type="checkbox"/> More childcare providers for children with special needs <input type="checkbox"/> More childcare providers in your area <input type="checkbox"/> Preschool activities for child(ren) to develop school readiness skills <input type="checkbox"/> Affordable childcare during work hours <input type="checkbox"/> More childcare options outside of normal work hours <input type="checkbox"/> More emphasis on early childhood nutrition education <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> More savings and budget counseling <input type="checkbox"/> More education on how to build assets <input type="checkbox"/> Information on how to access free credit counseling <input type="checkbox"/> More access to low interest loans <input type="checkbox"/> More information on how to access financial resources <input type="checkbox"/> Increasing the community's knowledge of available mainstream financial resources <input type="checkbox"/> More credit repair services <input type="checkbox"/> Access to free tax prep <input type="checkbox"/> More debt management services <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Increasing the community's skills and knowledge for leadership development <input type="checkbox"/> More citizenship classes <input type="checkbox"/> More education on how to join neighborhood associations, community boards, advisory groups or similar organizations <input type="checkbox"/> More knowledge on civic activities <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Child Support <input type="checkbox"/> Meal Programs <input type="checkbox"/> Substance Abuse Resources <input type="checkbox"/> Sexual/Emotional/Physical Abuse Services <input type="checkbox"/> Transportation Service <input type="checkbox"/> In-Home Services for Seniors <input type="checkbox"/> Legal Services <input type="checkbox"/> Life Skills Programs and Services <input type="checkbox"/> Elderly Services <input type="checkbox"/> Disabled Services <input type="checkbox"/> Senior Centers <input type="checkbox"/> Nutrition Services <input type="checkbox"/> Youth Services <input type="checkbox"/> Other (please specify) _____
Overall			
Based on the prior selected items, please mark the top three (3) main service categories you feel your community needs most.			
<input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Housing <input type="checkbox"/> Health <input type="checkbox"/> Early Child Care and Education <input type="checkbox"/> Income and Asset Building <input type="checkbox"/> Civic Engagement <input type="checkbox"/> Support Services			

Future Contact

There is a possibility that we may contact you to further discuss the information you have provided. If

you do not object to being contacted, please provide your name and telephone number below,

Whether or not you include your name and number, please return this questionnaire at your earliest convenience. Thank you!

Name _____

Phone Number (____) _____

