

1	Which county do you reside in?										
	BS	Chippewa	LQP	Swift	YM						
	28	19	38	51	43						
2	How many people live in your household (including yourself)?										
	1	2	3	4	5	6	7	8	9 or more		
	76	32	14	19	24	8	4	1			
3	What are the age(s) of EACH of the members in your household?										
	0-5	6/12	13-19	20-30	31-59	60+					
	89	63	17	41	89	102					
4	What race, culture or ethnicity?										
	White	Hispanic	Black	Hmong	Other	Native American	Micronesian	Asian/Pacific Islander	Somali		
	168	11	2		2	9	1				
5	What is your current household income?										
	Under 10	10k-15k	15-20	20-30	30-40	40-50	50-60	60-70	70-80	80-90	90+
	44	37	25	26	12	10	8	2	1		5
6	What are your sources of income?										
	Wages from work	Self Employment	Pension/ Retirement	Disability (SSDI)	Unemployment	Child Support	Social Security	MFIP/DWP/Cnty Cash Asst.	Per Capita		
	73	18	28	25	2	17	85	11	1		
7	How would you best describe your current living situation?										
	Rent	Own	Section 8/Subsidized	Friends/Relatives	Temporary Shelter	Homeless? How long?					
	58	115	8	3	1						
8	Is anyone living in your household disabled?										
	Yes	No									
	39	135									
9	Completed level of educaion for adults living in household.										
	Some High School	HS Grad/GED	Some Post Secondary	2 or 4 yr College Grad	Master's Degree	8th grade or below					
	22	99	35	50	3	2					
10	How often do you worry that your total family income will not be enough to meet your family's living expenses and bills?										
	All of the time	Most of the time	Some of the time	Not at all							
	36	43	63	28							
11	Please rate the following statements as they pertain to your household.										
	Poor	Fair	Average	Above Average	Excellent						
Food/Nutrition	5	32	90	30	18						
Clothing, Shoes	10	35	90	19	18						
Utilities	15	39	83	19	18						
Safe Housing	5	15	76	43	34						
Employment	32	39	64	13	6						
Wages	36	44	55	3	7						
Personal Transportation	21	47	72	16	9						
Public Transportation	33	34	71	15	7						
Health Insurance	20	46	79	15	11						
Health Care	20	34	80	24	9						
Child Care	17	35	64	15	2						
12	Do you utilize a local food shelf to supplement your food needs?										
	Yes	No									
	56	112									
13	If so, how often do you utilize an area food shelf?										
	Regularly	Occassionally	Infrequently	Never							
	17	31	9	69							
14	Do you live and work in the same Community?										
	Yes	No									
	107	38									

15	Do you live and receive medical services in the same community?							
	Yes	No						
	111	49						
16	Is public transportation available in the community where you live?							
	Yes	No						
	130	43						
17	Is public transportation available in the community where you work?							
	Yes	No						
	105	35						
18	If available, how likely are you to use public transportation?							
	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely				
	25	42	28	73				
19	What might prevent you from using public transportation?							
	My Own Car	Health & Safety	High Cost	Obligations after work	Doesn't fit Schedule			
	138	6	15	2	12			
20	What changes to public transit in your area would you like to see?							
	Service before 7am	Weekend service	More Information	Service after 5pm	None	Other		
	12	68	29	38	54	Start at 4:40am after bars close		
	More at school dismissal time	country service 5:30am-5pm	people would like to go to church	would like to ride to walmart, monte shopping-small charge	larger transit area, job is 2 miles from tranist limit	bus steps too high		
21	Would you use the Public Transit service if one of the above was changed?							
	Yes	No	Maybe					
	44	53	67					
22	How far do you travel to get to work OR for medical service?							
	In town	1-5 mi	5-15 mi	16-25 mi	26-35	36+		
	67	12	23	35	26	21		
23	What form of transportation do you currently use to get to work or medical appointments?							
	Car	Public Transit	Walk	Bike	Friends/Family	Car Pool		
	144	21	18	7	26	1		
24	Do you have a driver's license?							
	Yes	No						
	150	23						
25	Do you or your family have a bank account?							
	Yes	No						
	158	20						
26	If so, please check what services you use.							
	Checking	Savings	Mortgage	Auto Loan	Personal Loan	Retirement Account	"Rainy Day" Fund	None
	147	93	27	26	16	17	5	9
27	Do you regularly file taxes?							
	Yes	No						
	121	45						
28	Where do you have your taxes prepared?							
	Prepare my own	Local Service	Free tax clinic	H&R Block				
	25	85	14	15				
29	Have you ever taken an early advance on a tax refund?							
	yes	no						
	7	148						
30	Which of the following do you claim, if any?							
	Earned Income Tax Credit	Child Tax Credit	Working Family Credit					
	62	57	26					
31	Have you used a payday loan service in the last year?							
	Yes	No	Not Available					
	2	158	10					

32 Please rate the following needs according to how important you see them.							
	Low	Moderate	High				
Large enough housing	61	69	28				
Affordable housing	44	64	51				
Available housing	49	63	37				
Safe Housing	51	65	40				
Meeting up front housing needs	49	51	49				
Housing for renters with a past Home buying advice assistance	57	57	33				
Renting advice/assistance	65	50	33				
Foreclosure prevention	60	52	34				
Eviction prevention	64	51	27				
Tenant/landlord rights education	70	53	21				
Assistance w/Homelessness	69	53	27				
	86	41	18				
33 Are any of the following items unmet needs in your household?							
	Yes	No					
Paying heat bills	44	127					
Furnace repair/replacement	36	131					
Home Insulation	37	121					
Energy conservation info	27	129					
Working smoke/CO2 detectors	56	110					
Home Repairs	61	98					
34 Are you aware there is a Homeless/Emergency Housing Assistance Program in this area?							
	Yes	No					
	50	110					
35 Please rate the following as they pertain to your household or community.							
	Low Need	Moderate Need	Neutral	High Need			
PT Job openings	37	57	31	29			
FT job openings	33	43	26	52			
Living wage jobs	25	40	28	60			
Jobs with benefits	22	38	22	69			
36 What do you see as barriers to child care?							
	Affordability	Hours	Lack of Licensed Providers	Don't see any barriers	Location	Does not pertain	
	52	34	37	13	13	91	
37 Has the child/children in your household, ages 3-5, received early childhood health screening to prepare for kindergarten?							
	Yes	No	Does not pertain				
	58	7	106				
38 Do you have a child enrolled in Early Head Start and/or Head Start Program?							
	Yes	No	Does not pertain				
	35	29	95				
39 When Head Start or Early Head Start staff connect you to resources for ou or your family, did they check back to see if the resource was helpful?							
	Yes, Often	Yes, sometimes	No, not often	No, not at all	Does not pertain		
	20	9	7	6	117		
40 Does your child spend any time in these other settings?							
	Public Pre-K	Child Care Center	Friend or Relative	Licensed In-home Provider	Unlicensed Provider	With you or another parent	Does not pertain

41	29	10	22	24	8	23	98				
Are you, or a household member, age 60+ years?											
	Yes	No									
	67	71									
42	If yes, do you currently use any of the following services?										
	Congregate Meals	Home Delivered	SNAP	NAPS	Vol. Driver Services	Caregiver Services	Health Ins Asst. Services	Public Transit	Food Shelf	Mobile Food Shelf	None
	25	10	28	11	10	14	15	16	25	2	30
43	Would you use any of the following services if they were available to you?										
	Yes	No									
Help with chores	65	87	in regards to 43:								
Grocery delivery	49	69	some of these								
Medication set up	29	117	services should be								
Home-Delivered meals	37	109	offered to parents								
Frozen meals	41	103	At my age (86) this could change tomorrow								
Public Transit	55	90									
Friendly Visiting service	33	108									
Job opportunities	47	93									
Volunteer opportunities	43	100									
Asst w/navigating services	27	101									
44	Are you an adult caregiver of an aging parent or relative?										
	Yes	No									
	22	145	Need affordable living quarters with assisted living advantages (Sylvan Place)								