

7. HOUSING: Which housing needs could you or your family use help with? (SELECT TOP 3)

- | | |
|--|---|
| <input type="checkbox"/> Finding affordable housing that fits my family's needs | <input type="checkbox"/> Help paying for major home repairs and maintenance |
| <input type="checkbox"/> Help paying a down payment or closing costs to buy a home | <input type="checkbox"/> Making my home more energy efficient |
| <input type="checkbox"/> Qualifying for a loan to buy a home | <input type="checkbox"/> Making changes to my home for a person with disabilities |
| <input type="checkbox"/> Home ownership education | <input type="checkbox"/> Getting emergency shelter |
| <input type="checkbox"/> Renter/tenant rights and responsibilities education | <input type="checkbox"/> None |
| <input type="checkbox"/> Learning skills for basic home repair and maintenance | <input type="checkbox"/> Other/comment: _____ |
| <input type="checkbox"/> Help paying rent payments or rent deposits | _____ |

8. FOOD AND NUTRITION: Which food and nutrition needs could you or your family use help with? (SELECT TOP 3)

- | | |
|--|--|
| <input type="checkbox"/> Food from food pantries, food banks | <input type="checkbox"/> How to model healthy eating for my children |
| <input type="checkbox"/> Having enough food at home | <input type="checkbox"/> Nutritious foods during pregnancy |
| <input type="checkbox"/> How to shop and cook for healthy eating | <input type="checkbox"/> Breastfeeding education and assistance |
| <input type="checkbox"/> How to stretch my food dollar | <input type="checkbox"/> None |
| <input type="checkbox"/> Being able to afford healthy food | <input type="checkbox"/> Other/comment: _____ |
| <input type="checkbox"/> Getting meals delivered to my home | |
| <input type="checkbox"/> Enrolling in SNAP (food stamps) (link card) | |

9. Do you have children (under the age of 18) living with you?

- YES NO

(IF NO, SKIP QUESTIONS 10 AND 11)

10. CHILD CARE AND CHILD DEVELOPMENT: If you have children (under the age of 18) living with you, which childcare and/or child development needs could you or your family use help with? (SELECT TOP 3)

- | | |
|--|---|
| <input type="checkbox"/> Childcare in a convenient location | <input type="checkbox"/> Weekend, evening, or nighttime childcare |
| <input type="checkbox"/> Quality licensed childcare | <input type="checkbox"/> Quality preschool to get my child ready for kindergarten |
| <input type="checkbox"/> Affordable childcare | <input type="checkbox"/> A before/after school program |
| <input type="checkbox"/> Childcare for babies | <input type="checkbox"/> Help paying for childcare costs |
| <input type="checkbox"/> Childcare for toddlers | <input type="checkbox"/> Help paying for school or activity supplies and fees |
| <input type="checkbox"/> Childcare for preschoolers | <input type="checkbox"/> None |
| <input type="checkbox"/> Childcare for children with special needs | <input type="checkbox"/> Other/comment: _____ |

11. PARENTING AND FAMILY SUPPORT: If you have children (under the age of 18) living with you, which parenting and/or family support needs could you or your family use help with? (SELECT TOP 3)

- | | |
|--|---|
| <input type="checkbox"/> Disciplining my children more effectively | <input type="checkbox"/> Talking to my child about social issues |
| <input type="checkbox"/> Communicating and dealing with my teenager | <input type="checkbox"/> Helping my children cope with stress, anger, depression, or emotional issues |
| <input type="checkbox"/> Dealing with my child who is bullying or violent toward others | <input type="checkbox"/> Setting goals and planning for my family |
| <input type="checkbox"/> Dealing with behavior of others who are bullying or violent toward my child | <input type="checkbox"/> Communicating better with my child's care provider or teachers |
| <input type="checkbox"/> Talking to my child about drugs and alcohol | <input type="checkbox"/> None |
| <input type="checkbox"/> Talking to my child about sex, consent, AIDS, etc. | <input type="checkbox"/> Other/comment: _____ |

12. TRANSPORTATION: Which transportation needs could you or your family use help with? (SELECT TOP 3)

- | | |
|---|--|
| <input type="checkbox"/> Access to public transportation | <input type="checkbox"/> Help paying for auto registration or license fees |
| <input type="checkbox"/> Transportation for work, school, or errands | <input type="checkbox"/> Getting a driver's license |
| <input type="checkbox"/> Transportation for medical appointments | <input type="checkbox"/> Dependable Handicapped accessible transportation |
| <input type="checkbox"/> Financial assistance to buy a dependable car | <input type="checkbox"/> None |
| <input type="checkbox"/> Help paying for car repairs | <input type="checkbox"/> Other/comment: _____ |
| <input type="checkbox"/> Help paying for auto insurance | |



13. HEALTH: Which health needs could you or a family member use help with? (SELECT TOP 3)

- | | |
|--|---|
| <input type="checkbox"/> Affordable health insurance | <input type="checkbox"/> Help paying for medicine and prescriptions |
| <input type="checkbox"/> Affordable dental insurance | <input type="checkbox"/> Help paying for items such as glasses, hearing aids, wheelchairs, etc. |
| <input type="checkbox"/> Having healthcare available in my community | <input type="checkbox"/> Help paying for extended care or nursing home |
| <input type="checkbox"/> Having ER / Hospitals available in my community | <input type="checkbox"/> Help with family planning |
| <input type="checkbox"/> Having access to free COVID testing | <input type="checkbox"/> Good medical care before my baby is born |
| <input type="checkbox"/> Having dental care available in my community | <input type="checkbox"/> Check-ups, physicals, and vaccinations for my children |
| <input type="checkbox"/> Knowing what healthcare benefits I qualify for | <input type="checkbox"/> Treatment for a drug, alcohol, or mental health problem |
| <input type="checkbox"/> Finding a doctor who takes Medicaid | <input type="checkbox"/> Dealing with stress, depression, anxiety |
| <input type="checkbox"/> Finding a dentist who takes Medicaid | <input type="checkbox"/> None |
| <input type="checkbox"/> Help paying for regular medical checkups | <input type="checkbox"/> Other/comment: _____ |
| <input type="checkbox"/> Help paying for regular dental checkups | |

14. BASIC NEEDS: Which basic needs could you or your family use help with? (SELECT TOP 3)

- | | |
|---|---|
| <input type="checkbox"/> Basic furniture, appliances, or housewares | <input type="checkbox"/> Having a reliable phone |
| <input type="checkbox"/> Personal care items: diapers, soap, toilet paper, etc. | <input type="checkbox"/> Internet access |
| <input type="checkbox"/> Getting PPE (masks, gloves, sanitizer) | <input type="checkbox"/> Help paying utility bills (heating, electric, water) |
| <input type="checkbox"/> Clothing, shoes, and coats | <input type="checkbox"/> Help with replacing documents such as birth certificate, Social Security card, or ID |
| <input type="checkbox"/> Yard work or snow removal | <input type="checkbox"/> None |
| <input type="checkbox"/> Housework or laundry | <input type="checkbox"/> Other/comment: _____ |
| <input type="checkbox"/> Managing medications | |

15. Are there any problems or needs that you or your family faced within the past year that you could not get help with?

- YES NO

(IF YES, PLEASE LIST THOSE PROBLEMS OR NEEDS):

16. How do you find out about various programs and services?

17. What are your sources of Household income? (SELECT ALL THAT APPLY)

- | | | |
|--|--|--|
| <input type="checkbox"/> No income | <input type="checkbox"/> Disability/SSDI | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Employment/Work | <input type="checkbox"/> Child support/alimony | <input type="checkbox"/> Pension |
| <input type="checkbox"/> TANF | <input type="checkbox"/> General Assistance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> VA benefits | |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Unemployment Insurance (UI) | |

18. Compared to last year, do you now have...?

- More income Less income The same income

19. What things about your community do you REALLY LIKE?

20. What is the ONE thing you would like to see IMPROVED in your community?



21. Are you, or a member of your household, a formerly incarcerated returning citizen?

- Yes No

22. If YES, does the returning citizen need help with any of these? (SELECT ALL THAT APPLY)

- | | |
|---|--|
| <input type="checkbox"/> Finding job opportunities | <input type="checkbox"/> Job skills training |
| <input type="checkbox"/> Finding affordable housing | <input type="checkbox"/> Counseling or mental health |
| <input type="checkbox"/> Qualifying for benefits | <input type="checkbox"/> No help needed |
| <input type="checkbox"/> Financial assistance | <input type="checkbox"/> Other/comments: _____ |
| <input type="checkbox"/> Drug/alcohol program | |

23. When you think about your family, friends, and neighbors, how many of them might say something like, "My money always runs out before the end of the month!" or "Where am I going to find money to pay for that?" (SELECT ONE)

- | | | |
|---|---|--|
| <input type="checkbox"/> Almost none (0-9%) | <input type="checkbox"/> Quite a few (33-66%) | <input type="checkbox"/> Almost everyone (90-100%) |
| <input type="checkbox"/> Some (10-32%) | <input type="checkbox"/> Most (67-90%) | |

24. What kinds of problems, in your family or neighborhood, worry you the most?

25. If given the opportunity, would you be willing to serve on a local board or committee that represents and makes decisions for families with low incomes?

- Yes No Unsure

(IF YES, PLEASE PROVIDE YOUR CONTACT INFORMATION BELOW):

26. FIRST NAME: _____ LAST NAME: _____

PHONE NUMBER: _____ RECEIVE TEXT MESSAGES? Yes No

EMAIL ADDRESS: _____

27. What is your age?

- Under 18 18-24 25-34 35-44 45-54 55-64 65+

28. What is your gender?

- Male Female Prefer not to answer

29. What is your household type?

- | | |
|--|---|
| <input type="checkbox"/> Live Alone | <input type="checkbox"/> 2 or more Adults with Children |
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> 2 or more Adults, NO Children |

30. TRRC CUSTOMERS. Did your household receive any services from TRRC in the past year?

- Yes No

IF YOU ANSWERED "YES", PLEASE CONTINUE BELOW TO # 31

IF YOU ANSWERED "NO", YOU HAVE FINISHED! THANK YOU FOR COMPLETING THIS SURVEY!



TRRC CUSTOMERS ONLY

31. Which services did you receive? (SELECT ALL THAT APPLY)

- | | | |
|--|---|--|
| <input type="checkbox"/> Emergency furnace | <input type="checkbox"/> Scholarship for college or trade certification | <input type="checkbox"/> Water bill assistance |
| <input type="checkbox"/> Employment service | <input type="checkbox"/> Transitional housing (shelter) | <input type="checkbox"/> Weatherization |
| <input type="checkbox"/> Housing counseling | <input type="checkbox"/> LIHEAP | <input type="checkbox"/> Small business counseling |
| <input type="checkbox"/> Rent or mortgage assistance | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Small business loan |
| | | <input type="checkbox"/> Other: _____ |

32. How did you learn about TRRC? (SELECT ALL THAT APPLY)

- | | | |
|--|--|--|
| <input type="checkbox"/> Family or friend | <input type="checkbox"/> Other social service agency | <input type="checkbox"/> Television or Radio |
| <input type="checkbox"/> I'm a current or former TRRC customer | <input type="checkbox"/> Brochure or flyer | <input type="checkbox"/> Social media (Facebook, Instagram, Twitter, etc.) |
| <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Websites/Internet | <input type="checkbox"/> Local Church |
| <input type="checkbox"/> A government agency | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> A mailing | |

33. What time of day is best for you to come to TRRC offices?

- (SELECT ONE)**
- Weekday hours of 8:00 am – 4:30 pm
 - Weekday evening hours from 4:30 pm - 8:00 pm
 - Saturday hours from 9:00 am - 1:00 pm
 - I am not able to come to any of your locations and prefer digital communications.
 - I am open to or prefer digital communications.

34. FILL IN FROM 1 TO 5 TO INDICATE IF YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS:

| | Strongly Agree - Agree - Neutral - Disagree - Strongly Disagree | | | | |
|---|---|---|---|---|---|
| The agency location/office was convenient, accessible, and welcoming. | 5 | 4 | 3 | 2 | 1 |
| It was easy to speak with someone at TRRC. | 5 | 4 | 3 | 2 | 1 |
| I was helped in a timely manner. | 5 | 4 | 3 | 2 | 1 |
| I was treated with respect. | 5 | 4 | 3 | 2 | 1 |
| The staff was friendly and helpful. | 5 | 4 | 3 | 2 | 1 |
| I got the information and/or services I needed. | 5 | 4 | 3 | 2 | 1 |
| I was informed about other TRRC services or community services. | 5 | 4 | 3 | 2 | 1 |
| The services I received made a significant difference for me. | 5 | 4 | 3 | 2 | 1 |
| I would recommend TRRC to family and friends. | 5 | 4 | 3 | 2 | 1 |

35. What is ONE thing you would change about the services you received from TRRC?

36. Any additional comments about your needs, your community, or TRRC services.

***** THANK YOU FOR YOUR PARTICIPATION *****

