

IOWA COMMUNITY ACTION AGENCIES

CLIENT NEEDS ASSESSMENT REPORT

(February 14, 2020)

Community Services Block Grant Program
Division of Community Action Agencies
Iowa Department of Human Rights
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IOWA COMMUNITY ACTION AGENCIES - CLIENT NEEDS ASSESSMENT REPORT -

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Introduction

The Iowa Department of Human Rights – Division of Community Action Agencies (DCAA), in partnership with the Iowa Community Action Association (ICAA) and Iowa's 17 community action agencies, conducted a client needs assessment survey to collect information about the needs of community action agency clients.

This statewide report contains the survey and instructions that were developed and used by the community action agencies, and the data that was collected from the surveys.

The information in this statewide report will be considered by the community action agencies for planning, developing, and delivering agency programs and services to the low-income people that reside in their neighborhoods and communities.

Procedures

This project began in February 2018. A seven member committee consisting of four community action agency staff, two DCAA staff, and an ICAA staff person, were responsible for the survey design, instructions, and this statewide report.

The committee completed the design of the survey in April 2019. Prior to the final design, a draft was sent out for review and comment to all community action agency Executive Directors and agency CSBG staff. In May 2019, the survey and instructions were distributed to the community action agencies.

The committee used the SurveyMonkey.com online survey software for the project's data collection. In April 2019, the DCAA programmed a survey for each community action agency into the online software.

Each community action agency was responsible for managing the sampling and distribution of the survey in their agency's service area, and the collection of the survey responses. Agencies were expected to ensure a minimum of 250 surveys were completed and entered into SurveyMonkey by February 10, 2020.

The DCAA exported the survey data from SurveyMonkey.com to create this statewide report. This report was completed on February 14, 2020.

A number of questions in the survey were open-ended. For those questions, each client had the option of answering them by typing a response. Those responses were exported from SurveyMonkey.com and provided to each agency. The typed responses are not included in this report.

HOUSEHOLD CHARACTERISTICS**1. What county do you live in?**

Des Moines	144	23.38%
Henry	43	6.98%
Iowa	2	0.32%
Kossuth	1	0.16%
Lee	384	62.34%
Linn	1	0.16%
Louisa	37	6.01%
Washington	4	0.65%
Answered	616	100.00%
(skipped this question)	3	

2. What is your household's zip code?

The number of clients who provided a response:
(Contact the DCAA for the client responses to this question.)

614

3. How many people are in your household?

1	158	25.65%
2	145	23.54%
3	98	15.91%
4	94	15.26%
5	73	11.85%
6 or more	48	7.79%
Answered	616	100.00%
(skipped this question)	3	

4. How many adults (18 years old and older) are in your household?

1	297	50.00%
2	239	40.24%
3	39	6.57%
4 or more	19	3.20%
Answered	594	100.00%
(skipped this question)	25	

	YES	NO	Answered	Skipped
5. Are you or any member in your household 55 years old or older?	220	389	609	10
	36.12%	63.88%	100.00%	
	YES	NO	Answered	Skipped
6. Does anyone in your household receive Medicaid (Title XIX)?	441	161	602	17
	73.26%	26.74%	100.00%	
	YES	NO	Answered	Skipped
7. Is anyone in your household homebound (unable to leave your home)?	26	586	612	7
	4.25%	95.75%	100.00%	
	YES	NO	Answered	Skipped
8. Are there children (under 3 years old) in your household?	134	481	615	4
	21.79%	78.21%	100.00%	
	YES	NO	Answered	Skipped
9. Are there preschool children (3-5 years old) in your household?	173	443	616	3
	28.08%	71.92%	100.00%	
	YES	NO	Answered	Skipped
10. Are there school-aged children (6-11 years old) in your household?	186	430	616	3
	30.19%	69.81%	100.00%	
	YES	NO	Answered	Skipped
11. Are there youth (12-17 years old) in your household?	147	466	613	6
	23.98%	76.02%	100.00%	
	YES	NO	Answered	Skipped
12. Are there children or youth (under the age of 18) in your household with special needs?	62	546	608	11
	10.20%	89.80%	100.00%	
	YES	NO	Answered	Skipped
13. Is your household a foster care provider for a child or children (0-5 years old)?	7	607	614	5
	1.14%	98.86%	100.00%	
	YES	NO	Answered	Skipped
14. Is anyone in your household pregnant?	21	592	613	6
	3.43%	96.57%	100.00%	
	YES	NO	Answered	Skipped
15. Is anyone in your household physically disabled?	153	456	609	10
	25.12%	74.88%	100.00%	
	YES	NO	Answered	Skipped
16. Does anyone in your household have mental health issues?	212	396	608	11
	34.87%	65.13%	100.00%	

17. What is your gender?

Male	130	21.42%
Female	475	78.25%
Other	2	0.33%
Answered	607	100.00%
(skipped this question)	12	

18. What is your race?

White	521	87.27%
Black or African American	41	6.87%
Asian	1	0.17%
American Indian	3	0.50%
Alaska Native	1	0.17%
Native Hawaiian or Pacific Islander	0	0.00%
Other	9	1.51%
Multi-race	21	3.52%
Unknown	0	0.00%
Answered	597	100.00%
(skipped this question)	22	

19. Is your ethnicity Hispanic, Latino, or Spanish Origin?

YES	36	6.41%
NO	519	92.35%
Unsure	7	1.25%
Answered	562	100.00%
(skipped this question)	57	

20. What is the primary language of your household (e.g. English, Spanish, Vietnamese, Burmese, etc.)?

The number of clients who provided a response: 572
 (Contact the DCAA for the client responses to this question.)

EMPLOYMENT (Adult = 18 years old and older)**21. How many adults in your household work 30 hour a week or more?**

None	310	52.90%
1	233	39.76%
2	41	7.00%
3 or more	2	0.34%
Answered	586	100.00%
(skipped this question)	33	

22. How many adults in your household work less than 30 hour a week?

None	354	62.11%
1	172	30.18%
2	34	5.96%
3 or more	10	1.75%
Answered	570	100.00%
(skipped this question)	49	

23. How many of the adults in your household are working and are trying to find a better job?

None	388	67.95%
1	165	28.90%
2	17	2.98%
3 or more	1	0.18%
Answered	571	100.00%
(skipped this question)	48	

24. How many of the adults in your household are unemployed and are trying to find a job?

None	407	72.94%
1	126	22.58%
2	18	3.23%
3 or more	7	1.25%
Answered	558	100.00%
(skipped this question)	61	

25. Do you or another adult in your household have employment needs?

YES	NO	Answered	Skipped
108	471	579	40
18.65%	81.35%	100.00%	

25(a). Which of these employment needs could you or another adult in your household use help with? (select all that apply)

Finding a job or a better job	85	80.19%
Knowing what jobs are available	44	41.51%
Moving to a different area to get a job or a different job	14	13.21%
Getting skills training for the job that I want	30	28.30%
Learning job search skills (i.e. interviewing, writing resumes, applying for jobs online)	24	22.64%
Other employment needs	17	16.04%
Answered	106	na
(skipped this question)	513	

(Contact the DCAA for a list of the client responses to **other employment needs**.)

EDUCATION (Adult = 18 years old and older)

	YES	NO	Answered	Skipped
26. Do you or another adult in your household have education needs or goals?	139	446	585	34
	23.76%	76.24%	100.00%	

26(a). Which of these education needs could you or another adult in your household use help with? (select all that apply)

Obtaining a four-year university or college degree	39	29.10%
Obtaining a two-year community or junior college degree	46	34.33%
Obtaining a technical, vocational, or trade school license, certificate, or degree	21	15.67%
Obtaining a high school diploma or GED/HISET/HSED	31	23.13%
Learning or improving computer skills or computer literacy	19	14.18%
Learning or improving communication or language skills	5	3.73%
Other education needs or goals	17	12.69%
Answered	134	na
(skipped this question)	485	

(Contact the DCAA for a list of the client responses to other education needs and goals.)

FINANCIAL MANAGEMENT**27. In the last 12 months, how has your household's income changed?**

No change	279	48.78%
Increased	91	15.91%
Decreased	202	35.31%
Answered	572	100.00%
(skipped this question)	47	

27(a). Why did your income change?

The number of clients who provided a response:

242

(Contact the DCAA for the client responses to this question.)

	YES	NO	Answered	Skipped
28. Does your household have financial management needs?	118	449	567	52
	20.81%	79.19%	100.00%	

28(a). Which of these financial management needs could your household use help with? (select all that apply)

Budgeting and managing money	68	60.18%
Opening a checking or savings account	11	9.73%
Filling out tax forms	18	15.93%
Understanding credit scores	23	20.35%
Solving problems with a credit card or loan company	27	23.89%
Solving problems with a utility company	46	40.71%
Solving problems with a payday loan company	9	7.96%
Other financial management needs	13	11.50%
Answered	113	na
(skipped this question)	506	

(Contact the DCAA for a list of the client responses to other financial management needs.)

LEGAL ISSUES

	YES	NO	Answered	Skipped
29. Does your household need legal assistance to help solve problems or issues? (e.g. divorce, child support, immigration, foreclosure, bankruptcy, simple or minor misdemeanor, etc.)	48	530	578	41
	8.30%	91.70%	100.00%	

29(a). Please specify the problems or issues your household could use legal assistance to solve.

The number of clients who provided a response:

42

(Contact the DCAA for the client responses to this question.)

HOUSING

	YES	NO	Answered	Skipped
30. Does your household have unmet housing needs?	158	412	570	49
	27.72%	72.28%	100.00%	

30(a). Which of these housing needs could your household use help with? (select all that apply)

Finding safe and affordable housing that fits my household's needs	36	23.23%
Obtaining a loan to buy a house	23	14.84%
Making necessary home or property repairs	88	56.77%
Making my home more energy efficient	84	54.19%
Making changes to my home for a HH member with physical disabilities or is homebound	15	9.68%
Other housing needs	18	11.61%
Answered	155	na
(skipped this question)	464	

(Contact the DCAA for a list of the client responses to other housing needs.)**FOOD AND NUTRITION**

	YES	NO	Answered	Skipped
31. Is your household enrolled in DHS' Food Assistance Program (SNAP)?	338	240	578	41
	58.48%	41.52%	100.00%	

	YES	NO	Answered	Skipped
32. Does your household have unmet food or nutrition needs?	123	433	556	63
	22.12%	77.88%	100.00%	

32(a). Which of these food and nutrition needs could your household use help with? (select all that apply)

Getting food from food pantries, meal sites, or food shelves	58	49.15%
Having enough food at home	74	62.71%
Learning how to stretch my food dollar	43	36.44%
Learning how to shop and cook for healthy eating	27	22.88%
Learning how to model healthy eating for my household	15	12.71%
Getting nutritious foods for a pregnant household member	4	3.39%
Obtaining breastfeeding education and assistance for a pregnant household member	2	1.69%
Other food or nutrition needs	11	9.32%
Answered	118	na
(skipped this question)	501	

(Contact the DCAA for a list of the client responses to other food and nutrition needs.)

CHILD CARE AND CHILD DEVELOPMENT**33. Are there children under the age of 12 in your household?**

YES	NO	Answered	Skipped
282	296	578	41
48.79%	51.21%	100.00%	

34. Does your household have unmet child care or child development needs?

YES	NO	Answered	Skipped
31	244	275	344
11.27%	88.73%	100.00%	

34(a). Which of these child care and child development needs could your household use help with? (select all that apply)

Finding child care in a convenient location	11	37.93%
Finding quality child care	15	51.72%
Finding affordable child care	17	58.62%
Finding weekday daytime child care	7	24.14%
Finding evening or nighttime child care	11	37.93%
Finding weekend child care	6	20.69%
Finding a child care provider that accepts Child Care Assistance	12	41.38%
Finding a quality preschool	0	0.00%
Finding before or after school programs for the school-aged children in my household	8	27.59%
Finding services or resources for the children in my household with special needs	2	6.90%
Preparing the preschool children in my household for school	2	6.90%
Other child care or child development needs	3	10.34%
Answered	29	na
(skipped this question)	590	

(Contact the DCAA for a list of the client responses to other child care and child development needs.)**PARENTING AND FAMILY SUPPORT****35. Are there children or youth under the age of 18 in your household?**

YES	NO	Answered	Skipped
335	230	565	54
59.29%	40.71%	100.00%	

36. Do the children or youth in your household get free or reduced price school meals?

YES	NO	Answered	Skipped
255	78	333	286
76.58%	23.42%	100.00%	

37. Does your household have unmet parenting or family support needs?

YES	NO	Answered	Skipped
29	302	331	288
8.76%	91.24%	100.00%	

37(a). Which of these parenting and family support needs could your household use help with? (select all that apply)

Learning how to set goals and plan for my household	8	28.57%
Learning how to mentor/teach the children or youth in my household more effectively	10	35.71%
Learning how to communicate with and set boundaries for the teenage youth in my household	16	57.14%
Learning how to help the children or youth in my household who have displayed bullying or violent behavior	10	35.71%
Learning how to help the children or youth in my household who have encountered bullying or violent behavior	11	39.29%
Learning how to talk to the children or youth in my household about drugs and alcohol	6	21.43%
Learning how to talk to the children or youth in my household about sex, STIs, etc.	7	25.00%
Learning how to help the children or youth in my household cope with stress, depression, or emotional issues	14	50.00%
Finding services or resources for the children or youth in my household with special needs	0	0.00%
Obtaining family planning or birth control education and assistance	2	7.14%
Other parenting or family support needs	2	7.14%
Answered	28	na
(skipped this question)	591	

(Contact the DCAA for a list of the client responses to other parenting and family support needs.)

TRANSPORTATION**38. Does your household have unmet transportation needs?**

YES	NO	Answered	Skipped
123	454	577	42
21.32%	78.68%	100.00%	

38(a). Which of these transportation needs could your household use help with? (select all that apply)

Obtaining access to public transportation (e.g. buses, trolleys)	14	11.67%
Getting a dependable vehicle (e.g. car, van, truck)	62	51.67%
Repairing our household's vehicle(s)	54	45.00%
Getting a driver's license	32	26.67%
Getting vehicle insurance	29	24.17%
Getting to and from work	14	11.67%
Getting to and from appointments or errands	37	30.83%
Getting the children in my household to and from child care	2	1.67%
Getting the children or youth in my household to and from school	9	7.50%
Getting the children or youth in my household to and from before or after school activities or club activities	9	7.50%
Other transportation needs	7	5.83%
Answered	120	na
(skipped this question)	499	

(Contact the DCAA for a list of the client responses to **other transportation needs**.)**HEALTH****39. Does anyone in your household have unmet health needs?**

YES	NO	Answered	Skipped
90	482	572	47
15.73%	84.27%	100.00%	

39a. Which of these health needs could your household use help with? (select all that apply)

Getting affordable health insurance	28	31.11%
Getting affordable dental insurance	38	42.22%
Finding a doctor who accepts Medicaid (Title XIX)	9	10.00%
Finding a dentist who accepts Medicaid (Title XIX)	19	21.11%
Managing medications	12	13.33%
Getting treatment for a drug or alcohol issue	3	3.33%
Getting treatment or counseling for a mental health issue	21	23.33%
Dealing with stress, depression, or anxiety	46	51.11%
Dealing with issues related to physical, emotional, or sexual abuse	10	11.11%
Getting regular check-ups, immunizations, developmental screens, or physicals for children in my household	11	12.22%
Getting reproductive health care, including access to birth control and STI testing	6	6.67%
Getting the necessary medical care for a pregnant household member	0	0.00%
Other health needs	16	17.78%
Answered	90	na
(skipped this question)	529	

(Contact the DCAA for a list of the client responses to **other health needs**.)**40. Are you or anyone in your household dealing with opioid addiction?**

YES	NO	Answered	Skipped
3	486	489	130
0.61%	99.39%	100.00%	

41. Do you know anyone, outside of your household, who is dealing with opioid addiction?

YES	NO	Answered	Skipped
23	459	482	137
4.77%	95.23%	100.00%	

OTHER**42. Do you have phone service?**

YES	NO	Answered	Skipped
538	36	574	45
93.73%	6.27%	100.00%	

43. Do you have Internet or access to Internet service?

YES	NO	Answered	Skipped
431	145	576	43
74.83%	25.17%	100.00%	

44. Do you have access to affordable recreation?

YES	NO	Answered	Skipped
301	234	535	84
56.26%	43.74%	100.00%	

45. Which basic needs could your household use help with? (select all that apply)

Getting basic furniture, appliances, or house wares	94	37.01%
Getting personal care items such as soap, diapers, toilet paper, etc.	112	44.09%
Getting clothing or shoes	120	47.24%
Doing yard work or snow removal	90	35.43%
Doing housework	50	19.69%
Answered	254	na
(skipped this question)	365	

46. In the last 12 months, what issue(s) were you or your household unable to get help with?

The number of clients who provided a response: 245
 (Contact the DCAA for the client responses to this question.)

47. What are TWO important household needs that you want to resolve?

The number of clients who provided a response: 314
 (Contact the DCAA for the client responses to this question.)

48. What are TWO things you would like to see improved in your neighborhood or community?

The number of clients who provided a response: 228
 (Contact the DCAA for the client responses to this question.)

	YES	NO	Answered	Skipped
49. Are you the primary caregiver (e.g. parent, guardian, custodial grandparent, step-parent, foster parent) of a child or children in Head Start or Early Head Start?	159	395	554	65
	28.70%	71.30%	100.00%	
	YES	NO	Answered	Skipped
49(a). Are you currently working?	110	56	166	453
	66.27%	33.73%	100.00%	
	YES	NO	Answered	Skipped
49(a)(1). Do you work on the weekdays (Monday through Friday) during the daytime?	96	11	107	512
	89.72%	10.28%	100.00%	
	YES	NO	Answered	Skipped
49(a)(2). Do you work in the evenings, at nighttime, and/or on the weekends?	68	36	104	515
	65.38%	34.62%	100.00%	
	YES	NO	Answered	Skipped
49(b). Are you a student or are you taking high-school, college, or university classes?	29	135	164	455
	17.68%	82.32%	100.00%	
	YES	NO	Answered	Skipped
49(b)(1). Do you have classes on the weekdays (Monday through Friday) during the daytime?	21	6	27	592
	77.78%	22.22%	100.00%	
	YES	NO	Answered	Skipped
49(b)(2). Do you have classes in the evenings, at nighttime, and/or on the weekends?	16	10	26	593
	61.54%	38.46%	100.00%	
	YES	NO	Answered	Skipped
49(c). Are you attending courses or training programs designed to help you find a job, improve your job skills, or learn a new job?	17	148	165	454
	10.30%	89.70%	100.00%	
	YES	NO	Answered	Skipped
49(c)(1). Do you have courses or training on the weekdays (Monday through Friday) during the daytime?	9	7	16	603
	56.25%	43.75%	100.00%	
	YES	NO	Answered	Skipped
49(c)(2). Do you have courses or training in the evenings, at nighttime, and/or on the weekends?	9	6	15	604
	60.00%	40.00%	100.00%	

50. How did you learn about our Community Action Agency? (select all that apply)

Family or friend	314	57.72%
United Way 211	7	1.29%
Television or radio	5	0.92%
Newspaper	18	3.31%
Current or former agency client	108	19.85%
Mailing, brochure, or flyer	25	4.60%
Phone book (yellow pages)	8	1.47%
Internet or website	18	3.31%
Social media (e.g. Facebook, Twitter, Instagram)	24	4.41%
Faith-based organization (e.g. church, temple)	21	3.86%
I was referred by another organization or agency	60	11.03%
Other	76	13.97%
Answered	544	na
(skipped this question)	75	

(Contact the DCAA for a list of the other client responses.)

51. When would you prefer to come to one of our locations (offices) when you need assistance? (select one)

Monday through Friday mornings: 6:30 am - 8:00 am	49	9.42%
Monday through Friday: 8:00 am - 4:30 pm	353	67.88%
Monday through Friday evenings: 4:30 pm - 7:00 pm	65	12.50%
Saturday: 9:00 am - 12:00 pm	17	3.27%
Other	36	6.92%
Answered	520	100.00%
(skipped this question)	99	

(Contact the DCAA for a list of the other client responses.)

	YES	NO	Answered	Skipped
51(a). Are you unable to go to any of our office locations?	11	163	174	445
	6.32%	93.68%	100.00%	

51(a)(1). Why are you unable to go to any of our office locations for assistance?

The number of clients who provided a response: 11
(Contact the DCAA for the client responses to this question.)

52. What services has your household received from our agency within the last 12 months?

The number of clients who provided a response: 530
(Contact the DCAA for the client responses to this question.)

What county do you live in?

Des Moines	144	23.38%
Henry	43	6.98%
Iowa	2	0.32%
Kossuth	1	0.16%
Lee	384	62.34%
Linn	1	0.16%
Louisa	37	6.01%
Washington	4	0.65%
Answered	616	100.00%
(skipped this question)	3	

IF YOU RECEIVED SERVICES FROM OUR COMMUNITY ACTION AGENCY WITHIN THE LAST 12 MONTHS, PLEASE RESPOND TO THE FOLLOWING:

S.1. I had a positive experience when I received services.

WEIGHTED AVG:

5 - strongly agree	436	88.26%	4.84
4	46	9.31%	
3 - undecided/neutral	6	1.21%	
2	2	0.40%	
1 - strongly disagree	4	0.81%	
Answered	494	100.00%	

S.2. I was helped in a timely manner.

WEIGHTED AVG:

5 - strongly agree	436	88.62%	4.85
4	43	8.74%	
3 - undecided/neutral	9	1.83%	
2	3	0.61%	
1 - strongly disagree	1	0.20%	
Answered	492	100.00%	

S.3. The Community Action Agency staff I interacted with were friendly and helpful.

WEIGHTED AVG:

5 - strongly agree	436	88.80%	4.84
4	40	8.15%	
3 - undecided/neutral	10	2.04%	
2	2	0.41%	
1 - strongly disagree	3	0.61%	
Answered	491	100.00%	

S.4. I was informed about other agency or community services that could help me with my needs.

WEIGHTED AVG:

5 - strongly agree	359	75.58%	4.58
4	55	11.58%	
3 - undecided/neutral	41	8.63%	
2	17	3.58%	
1 - strongly disagree	3	0.63%	
Answered	475	100.00%	

S.5. Tell us about your experience(s) with our Community Action Agency.

The number of clients who provided a response: 321
(Contact the DCAA for the client responses to this question.)

S.6. Tell us something you think our Community Action Agency should improve.

The number of clients who provided a response: 207
(Contact the DCAA for the client responses to this question.)

APPENDIX

IOWA COMMUNITY ACTION AGENCIES
Client Needs Assessment Survey

Iowa's Community Action Agencies are conducting a study of the needs individuals and families may be experiencing in their lives. The results and information from the study will be considered by the Community Action Agencies for planning, developing, and delivering agency programs and services.

INSTRUCTIONS: Please answer each question by checking the appropriate box (or boxes) or providing a written response. After completing the survey, please return it where you received it. All survey responses are anonymous.

Your answers will help us improve our communities. Thank you for participating.

HOUSEHOLD CHARACTERISTICS

1. What county do you live in?
2. What is your household's zip code?
3. How many people are in your household?
4. How many adults (18 years old and older) are in your household?
5. Are you or any member in your household 55 years old or older? ☐ YES ☐ NO
6. Does anyone in your household receive Medicaid (Title XIX)? ☐ YES ☐ NO
7. Is anyone in your household homebound (unable to leave your home)? ☐ YES ☐ NO
8. Are there children (under 3 years old) in your household? ☐ YES ☐ NO
9. Are there preschool children (3-5 years old) in your household? ☐ YES ☐ NO
10. Are there school-aged children (6-11 years old) in your household? ☐ YES ☐ NO
11. Are there youth (12-17 years old) in your household? ☐ YES ☐ NO
12. Are there children/youth (under the age of 18) in your household with special needs? ☐ YES ☐ NO
13. Is your household a foster care provider for a child or children (0-5 years old)? ☐ YES ☐ NO
14. Is anyone in your household pregnant? ☐ YES ☐ NO
15. Is anyone in your household physically disabled? ☐ YES ☐ NO
16. Does anyone in your household have mental health issues? ☐ YES ☐ NO
17. What is your gender? ☐ Male ☐ Female ☐ Other
18. What is your race? ☐ White ☐ Black or African American ☐ Asian ☐ American Indian ☐ Alaska Native
☐ Native Hawaiian or Pacific Islander ☐ Other ☐ Multi-race ☐ Unknown
19. Is your ethnicity Hispanic, Latino, or Spanish Origin? ☐ YES ☐ NO ☐ Unsure
20. What is the primary language of your household (e.g. English, Spanish, Vietnamese, Burmese, etc.)?

EMPLOYMENT

21. How many adults (18 and older) in your household work 30 hours a week or more?
22. How many adults in your household work less than 30 hours a week?
23. How many of the adults in your household are working and are trying to find a better job?
24. How many of the adults in your household are unemployed and are trying to find a job?
25. Do you or another adult in your household have employment needs? ☐ YES ☐ NO *(If NO, go to #26)*
If YES, which of these employment needs could you or another adult in your household use help with? Select all that apply:
 - ☐ Finding a job or a better job
 - ☐ Knowing what jobs are available
 - ☐ Moving to a different area to get a job or a different job
 - ☐ Getting skills training for the job that I want
 - ☐ Learning job search skills (i.e. interviewing, writing resumes, applying for jobs online)
 - ☐ Other employment needs, please specify:

EDUCATION

26. Do you or another adult (18 and older) in your household have education needs or goals? ☐ YES ☐ NO *(If NO, go to #27)*
If YES, which of these education needs could you or another adult in your household use help with? Select all that apply:
 - ☐ Obtaining a four-year university or college degree
 - ☐ Obtaining a two-year community/junior college degree
 - ☐ Obtaining a technical, vocational, or trade school license, certificate, or degree
 - ☐ Obtaining a high school diploma or GED/HISET/HSED
 - ☐ Learning or improving computer skills/literacy
 - ☐ Learning or improving communication or language skills
 - ☐ Other education needs or goals, please specify:

FINANCIAL MANAGEMENT

27. In the last 12 months, how has your household's income changed? ☐ No change ☐ Increased ☐ Decreased

If your income increased or decreased, why did it? _____

28. Does your household have financial management needs? ☐ YES ☐ NO (If NO, go to #29)

If YES, which of these financial management needs could your household use help with? Select all that apply:

- ☐ Budgeting and managing money
- ☐ Opening a checking or savings account
- ☐ Filling out tax forms
- ☐ Understanding credit scores
- ☐ Solving problems with a credit card or loan company
- ☐ Solving problems with a utility company
- ☐ Solving problems with a payday loan company
- ☐ Other financial management needs, please specify: _____

LEGAL ISSUES

29. Does your household need legal assistance to help solve problems or issues? ☐ YES ☐ NO (If NO, go to #30)

(e.g. divorce, child support, immigration, foreclosure, bankruptcy, simple or minor misdemeanor, etc.)

If YES, please specify the problems or issues: _____

HOUSING

30. Does your household have unmet housing needs? ☐ YES ☐ NO (If NO, go to #31)

If YES, which of these housing needs could your household use help with? Select all that apply:

- ☐ Finding safe and affordable housing that fits my household's needs
- ☐ Obtaining a loan to buy a house
- ☐ Making necessary home or property repairs
- ☐ Making my home more energy efficient
- ☐ Making changes to my home for a household member with physical disabilities or is homebound
- ☐ Other housing needs, please specify: _____

FOOD AND NUTRITION

31. Is your household enrolled in DHS' Food Assistance Program (SNAP)? ☐ YES ☐ NO

32. Does your household have unmet food or nutrition needs? ☐ YES ☐ NO (If NO, go to #33)

If YES, which of these food and nutrition needs could your household use help with? Select all that apply:

- ☐ Getting food from food pantries, meal sites, or food shelves
- ☐ Having enough food at home
- ☐ Learning how to stretch my food dollars
- ☐ Learning how to shop and cook for healthy eating
- ☐ Learning how to model healthy eating for my household
- ☐ Getting nutritious foods for a pregnant household member
- ☐ Obtaining breastfeeding education and assistance for a pregnant household member
- ☐ Other food or nutrition needs, please specify: _____

CHILD CARE AND CHILD DEVELOPMENT

33. Are there children under the age of 12 in your household? ☐ YES ☐ NO (If NO, go to #35)

34. Does your household have unmet child care or child development needs? ☐ YES ☐ NO (If NO, go to #35)

If YES, which of these child care or child development needs could your household use help with? Select all that apply:

- ☐ Finding child care in a convenient location
- ☐ Finding quality child care
- ☐ Finding affordable child care
- ☐ Finding weekday daytime child care
- ☐ Finding evening or nighttime child care
- ☐ Finding weekend child care
- ☐ Finding a child care provider that accepts Child Care Assistance
- ☐ Finding a quality preschool
- ☐ Finding before/after school programs for the school-aged children in my household
- ☐ Finding services or resources for the children in my household with special needs
- ☐ Preparing the preschool children in my household for school
- ☐ Other child care or child development needs, please specify: _____

PARENTING AND FAMILY SUPPORT

35. Are there children/youth under the age of 18 in your household? ☐ YES ☐ NO (If NO, go to #38)
36. Do the children/youth in your household get free or reduced price school meals? ☐ YES ☐ NO
37. Does your household have unmet parenting or family support needs? ☐ YES ☐ NO (If NO, go to #38)

If YES, which of these parenting and family support needs could your household use help with? Select all that apply:

- ☐ Learning how to set goals and plan for my household
- ☐ Learning how to mentor/teach the children/youth in my household more effectively
- ☐ Learning how to communicate with and set boundaries for the teenage youth in my household
- ☐ Learning how to help the children/youth in my household who have displayed bullying or violent behavior
- ☐ Learning how to help the children/youth in my household who have encountered bullying or violent behavior
- ☐ Learning how to talk to the children/youth in my household about drugs and alcohol
- ☐ Learning how to talk to the children/youth in my household about sex, STIs, etc.
- ☐ Learning how to help the children/youth in my household cope with stress, depression, or emotional issues
- ☐ Finding services or resources for the children/youth in my household with special needs
- ☐ Obtaining family planning or birth control education and assistance
- ☐ Other parenting or family support needs, please specify: _____

TRANSPORTATION

38. Does your household have unmet transportation needs? ☐ YES ☐ NO (If NO, go to #39)

If YES, which of these transportation needs could your household use help with? Select all that apply:

- ☐ Obtaining access to public transportation (e.g. buses, trolleys)
- ☐ Getting a dependable vehicle (e.g. car, van, truck)
- ☐ Repairing our household's vehicle(s)
- ☐ Getting a driver's license
- ☐ Getting vehicle insurance
- ☐ Getting to and from work
- ☐ Getting to and from appointments or errands
- ☐ Getting the children in my household to and from child care
- ☐ Getting the children/youth in my household to and from school
- ☐ Getting the children/youth in my household to and from before/after school activities or club activities
- ☐ Other transportation needs, please specify: _____

HEALTH

39. Does anyone in your household have unmet health needs? ☐ YES ☐ NO (If NO, go to #40)

If YES, which of these health needs could your household use help with? Select all that apply:

- ☐ Getting affordable health insurance
- ☐ Getting affordable dental insurance
- ☐ Finding a doctor who accepts Medicaid (Title XIX)
- ☐ Finding a dentist who accepts Medicaid (Title XIX)
- ☐ Managing medications
- ☐ Getting treatment for a drug or alcohol issue
- ☐ Getting treatment or counseling for a mental health issue
- ☐ Dealing with stress, depression, or anxiety
- ☐ Dealing with issues related to physical, emotional, or sexual abuse
- ☐ Getting regular check-ups, immunizations, developmental screens, or physicals for the children in my household
- ☐ Getting reproductive health care, including access to birth control and STI testing
- ☐ Getting the necessary medical care for a pregnant household member
- ☐ Other health needs, please specify: _____

40. Are you or anyone in your household dealing with opioid addiction? ☐ YES ☐ NO

41. Do you know anyone, outside of your household, who is dealing with opioid addiction? ☐ YES ☐ NO

OTHER

42. Do you have phone service? ☐ YES ☐ NO

43. Do you have Internet or access to Internet service? ☐ YES ☐ NO

44. Do you have access to affordable recreation? ☐ YES ☐ NO

45. Which of these basic needs could your household use help with? Select all that apply:

- ☐ Getting basic furniture, appliances, or house wares
- ☐ Getting personal care items such as soap, diapers, toilet paper, etc.
- ☐ Getting clothing or shoes
- ☐ Doing yard work or snow removal
- ☐ Doing housework

46. In the last 12 months, what issue(s) were you or your household unable to get help with?

47. What are TWO important household needs that you want to resolve?
(1) _____ (2) _____
48. What are TWO things you would like to see improved in your neighborhood or community?
(1) _____ (2) _____
49. Are you the primary caregiver (e.g. parent, guardian, custodial grandparent, step-parent, foster parent) of a child or children in Head Start or Early Head Start? ☐ YES ☐ NO (If NO, go to #50)
- (a) Are you currently working? ☐ YES ☐ NO (If NO, go to (b))
 (1) Do you work on the weekdays (Monday through Friday) during the daytime? ☐ YES ☐ NO
 (2) Do you work in the evenings, at nighttime, and/or on the weekends? ☐ YES ☐ NO
- (b) Are you a student or are you taking high-school, college, or university classes? ☐ YES ☐ NO (If NO, go to (c))
 (1) Do you have classes on the weekdays (Monday through Friday) during the daytime? ☐ YES ☐ NO
 (2) Do you have classes in the evenings, at nighttime, and/or on the weekends? ☐ YES ☐ NO
- (c) Are you attending courses or training programs designed to help you find a job, improve your job skills, or learn a new job? ☐ YES ☐ NO (If NO, go to #50)
 (1) Do you have courses/training on weekdays (Mon. through Fri.) during the daytime? ☐ YES ☐ NO
 (2) Do you have courses/training in the evenings, at nighttime, and/or on the weekends? ☐ YES ☐ NO
50. How did you learn about our Community Action Agency? Select all that apply:
☐ Family or friend ☐ Current or former agency client ☐ Social media (Facebook, Twitter, Instagram, etc.)
☐ United Way 211 ☐ Mailing/Brochure/Flyer ☐ Faith-based organization (church, temple, etc.)
☐ Television/Radio ☐ Phone book ☐ I was referred by another organization or agency
☐ Newspaper ☐ Internet/Website ☐ Other, please specify: _____
51. When would you prefer to come to one of our locations (offices) when you need assistance? Select one:
☐ Monday through Friday mornings: 6:30 am – 8:00 am ☐ Other, please specify: _____
☐ Monday through Friday: 8:00 am - 4:30 pm ☐ I am unable to go to any of your locations (please explain): _____
☐ Monday through Friday evenings: 4:30 pm - 7:00 pm
☐ Saturday: 9:00 am - 12:00 pm _____
52. What services has your household received from our agency within the last 12 months? Select all that apply:
[this will be a list of agency specific services]

Client Satisfaction Survey

If you received services from our Community Action Agency within the last 12 months, please respond to the following:

(Scale: 5=Strongly Agree, 4=Agree, 3=Undecided/Neutral, 2=Disagree, 1=Strongly Disagree)

1. I had a positive experience when I received services ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
2. I was helped in a timely manner ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
3. The Community Action Agency staff I interacted with were friendly and helpful ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
4. I was informed about other agency or community services that could help me with my needs? ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
5. Tell us about your experience(s) with our Community Action Agency: _____

6. Tell us something you think our Community Action Agency should improve: _____

AGENCIAS DE ACCIÓN COMUNITARIA DE IOWA
Encuesta de Evaluación de Necesidades del Cliente

Las Agencias de Acción Comunitaria de Iowa están conduciendo un estudio de las necesidades que personas individuales y familias pueden estar experimentando en sus vidas. Los resultados y la información del estudio serán considerados por las Agencias de Acción Comunitaria para la planificación, desarrollo y entrega de los programas y servicios de la agencia.

INSTRUCCIONES: Por favor conteste cada pregunta marcando la(s) caja(s) apropiada(s) o proporcione una respuesta escrita. Después de completar la encuesta, favor de regresarla a donde la recibió. **Todas las encuestas se mantendrán confidenciales.**

Sus respuestas ayudaran a mejorar nuestras comunidades. Gracias por su participación.

CHARACTERISTICAS DEL HOGAR

1. ¿En qué condado vive?
2. ¿Cuál es el código postal de su hogar?
3. ¿Cuántas personas viven en su hogar?
4. ¿Cuántos adultos (18 años o mayor) viven en su hogar?.....
5. ¿Es usted o alguien en su hogar mayor de 55 años? ☐ SI ☐ NO
6. ¿Recibe alguien en su hogar Medicaid (Título XIX)? ☐ SI ☐ NO
7. ¿Está alguien en su hogar confinado en casa (incapaz de salir del hogar)?..... ☐ SI ☐ NO
8. ¿Hay niños menores de 3 años en su hogar?..... ☐ SI ☐ NO
9. ¿Hay niños en preescolar (3-5 años) en su hogar? ☐ SI ☐ NO
10. ¿Hay niños de edad escolar (6-11 años) en su hogar? ☐ SI ☐ NO
11. ¿Hay jóvenes (12-17 años) en su hogar? ☐ SI ☐ NO
12. ¿Hay niños o jóvenes en su hogar con necesidades especiales? ☐ SI ☐ NO
13. ¿Es su hogar un proveedor de cuidado de crianza para un niño o niños?..... ☐ SI ☐ NO
14. ¿Alguien en su hogar está embarazada? ☐ SI ☐ NO
15. ¿Alguien en su hogar tiene discapacidad física? ☐ SI ☐ NO
16. ¿Alguien en su hogar tiene problemas de salud mental? ☐ SI ☐ NO
17. ¿Cuál es su género? ☐ Masculino ☐ Femenino ☐ Otro
18. ¿Cuál es su raza? ☐ Blanco ☐ Afroamericano ☐ Asiático ☐ Indio Americano ☐ Nativo de Alaska
☐ Nativo Hawaiano o Isleño Pacífico ☐ Otro ☐ Multi-racial ☐ Desconocido
19. ¿Es su etnicidad de origen hispano, latino, o español? ☐ SI ☐ NO ☐ Inseguro
20. ¿Cuál es el lenguaje primario en su hogar (p.ej. inglés, español, vietnamita, birmano, etc.)?

EMPLEO

21. ¿Cuántos adultos (mayores de 18 años) en su hogar trabajan 30 horas o más por semana?.....
22. ¿Cuántos adultos en su hogar trabajan menos de 30 horas por semana?
23. ¿Cuántos adultos en su hogar trabajan y están intentando encontrar un trabajo mejor?
24. ¿Cuántos adultos en su hogar están desempleados y están intentando encontrar un trabajo?
25. ¿Tiene usted o algún otro adulto en su hogar necesidades de empleo?..... ☐ SI ☐ NO *(Si la respuesta es NO, vaya al #26)*

Si la respuesta es SI, ¿con cuál de las siguientes necesidades de empleo necesita ayuda usted o algún otro adulto en su hogar?

Seleccione todas las que apliquen:

- ☐ Encontrando un trabajo o un trabajo mejor
- ☐ Sabiendo cuales trabajos están disponibles
- ☐ Mudanza a un área diferente para obtener un trabajo o trabajo mejor
- ☐ Obteniendo entrenamiento en habilidades para el trabajo que quiero
- ☐ Aprendiendo habilidades de búsqueda de empleo (p. ej. entrevistas, redacción de currículos, solicitud de empleo en línea)
- ☐ Otras necesidades de empleo, por favor especifique:

EDUCACIÓN

26. ¿Tiene usted o algún otro adulto (mayor de 18 años) en su hogar necesidades o metas educacionales? ☐ SI ☐ NO *(Si la respuesta es NO, vaya al #27)*
Si la respuesta es SI, ¿con cuál de las siguientes necesidades educacionales necesita ayuda usted o algún otro adulto en su hogar? Seleccione todas las que apliquen:
- ☐ Obteniendo título de licenciatura universitaria
 - ☐ Obteniendo título asociado universitario
 - ☐ Obteniendo un título o certificado técnico o vocacional, o licencia de escuela de oficios
 - ☐ Obteniendo un diploma de escuela secundaria, o preparatoria, o GED/HISET/HSED
 - ☐ Aprendiendo o mejorando habilidades computacionales
 - ☐ Aprendiendo o mejorando habilidades de comunicación o lenguaje
 - ☐ Otras necesidades o metas educacionales, por favor especifique: _____

ADMINISTRACIÓN DE FINANZAS

27. En los últimos 12 meses, ¿cómo ha cambiado el ingreso de su hogar? ☐ Ningún cambio ☐ Aumentado ☐ Disminuido
Si su ingreso aumento o disminuyo, ¿cuál fue la causa? _____
28. ¿Tiene su hogar necesidades de administración de finanzas? ☐ SI ☐ NO *(Si la respuesta es NO, vaya al #29)*
Si la respuesta es SI, ¿con cuál de las siguientes necesidades de administración de finanzas necesita ayuda su hogar? Seleccione todas las que apliquen:
- ☐ Presupuesto y administración de dinero
 - ☐ Abriendo una cuenta de cheques o ahorros
 - ☐ Llenando formas de impuestos
 - ☐ Entendiendo puntuación de crédito
 - ☐ Resolviendo problemas con una compañía de tarjeta de crédito o préstamos
 - ☐ Resolviendo problemas con una compañía de utilidades
 - ☐ Resolviendo problemas con una compañía de préstamos de día de pago
 - ☐ Otras necesidades de administración de finanzas, por favor especifique: _____

PROBLEMAS LEGALES

29. ¿Tiene su hogar necesidades de asistencia legal para resolver problemas? (p. ej. divorcio, manutención de hijos, inmigración, ejecución hipotecaria, bancarrota, delito simple o menor, etc.)..... ☐ SI ☐ NO *(Si la respuesta es NO, vaya al #30)*
Si la respuesta es SI, por favor especifique el problema: _____

VIVIENDA

30. ¿Tiene su hogar necesidades de vivienda insatisfechas?..... ☐ SI ☐ NO *(Si la respuesta es NO, vaya al #31)*
Si la respuesta es SI, ¿con cuál de las siguientes necesidades de vivienda necesita ayuda su hogar? Seleccione todas las que apliquen:
- ☐ Encontrando una vivienda segura y asequibles que se adapten a las necesidades de mi hogar
 - ☐ Obteniendo un préstamo para comprar una casa
 - ☐ Haciendo reparaciones necesarias a la vivienda o propiedad
 - ☐ Haciendo mi hogar más eficiente en el uso de energía
 - ☐ Haciendo cambios a mi hogar para un miembro del hogar que está confinado en casa o tiene discapacidades físicas
 - ☐ Otras necesidades de vivienda, por favor especifique: _____

ALIMENTO Y NUTRICIÓN

31. ¿Está inscrito su hogar en el Programa de Asistencia Alimentaria del DHS (SNAP)? ... ☐ SI ☐ NO
32. ¿Tiene su hogar necesidades alimentarias o nutricionales insatisfechas? ☐ SI ☐ NO *(Si la respuesta es NO, vaya al #33)*
Si la respuesta es SI, ¿con cuál de las siguientes necesidades alimentarias o nutricionales necesita ayuda su hogar? Seleccione todas las que apliquen:
- ☐ Obteniendo alimentos de despensas de alimento, sitios de comida, o estante de alimentos
 - ☐ Teniendo suficiente comida en casa
 - ☐ Aprendiendo como estirar mis dólares de comida
 - ☐ Aprendiendo como comprar y cocinar para alimentación saludable
 - ☐ Aprendiendo como modelar alimentación saludable para mi hogar
 - ☐ Obteniendo alimentos nutritivos para un miembro de la familia que está embarazada
 - ☐ Obteniendo educación y asistencia en lactancia materna para un miembro de la familia que está embarazada
 - ☐ Otras necesidades alimentarias o nutricionales, por favor especifique: _____

CUIDADO Y DESARROLLO INFANTIL

33. ¿Hay niños menores de 12 años de edad en su hogar? ☐ SI ☐ NO *(Si la respuesta es NO, vaya al #35)*
34. ¿Tiene su hogar necesidades de cuidado o desarrollo infantil insatisfechas? ☐ SI ☐ NO *(Si la respuesta es NO, vaya al #35)*

Si la respuesta es SI, ¿con cuál de las siguientes necesidades de cuidado o desarrollo infantil necesita ayuda su hogar? Seleccione todas las que apliquen:

- ☐ Encontrando cuidado infantil en una locación conveniente
- ☐ Encontrando cuidado infantil de buena calidad
- ☐ Encontrando cuidado infantil asequible
- ☐ Encontrando cuidado infantil durante la semana
- ☐ Encontrando cuidado infantil por las tardes o durante la noche
- ☐ Encontrando cuidado infantil durante el fin de semana
- ☐ Encontrando un proveedor de cuidado infantil que acepte Asistencia de Cuidado Infantil
- ☐ Encontrando una escuela preescolar de buena calidad
- ☐ Encontrando programas antes/después de la escuela para niños de edad escolar en mi hogar
- ☐ Encontrando servicios o recursos para los niños en mi casa con necesidades especiales
- ☐ Preparando los niños preescolares en mi hogar para la escuela
- ☐ Otras necesidades de cuidado o desarrollo infantil, por favor especifique: _____

APOYO DE CRIANZA Y FAMILIA

35. ¿Hay niños/jóvenes menores de 18 años en su hogar? ☐ SI ☐ NO *(Si la respuesta es NO, vaya al #38)*
36. ¿Reciben los niños/jóvenes en su hogar comida en la escuela gratis o a precio reducido? ☐ SI ☐ NO
37. ¿Tiene su hogar necesidades de apoyo de crianza y familia insatisfechas? ☐ SI ☐ NO *(Si la respuesta es NO, vaya al #38)*

Si la respuesta es SI, ¿con cuál de las siguientes necesidades de apoyo de crianza y familia necesita ayuda su hogar? Seleccione todas las que apliquen:

- ☐ Aprendiendo a establecer metas y planear para mi hogar
- ☐ Aprendiendo a guiar/enseñar a los niños/jóvenes en mi hogar de manera más efectiva
- ☐ Aprendiendo a comunicarme y establecer límites para los jóvenes adolescentes en mi hogar
- ☐ Aprendiendo como ayudar a los niños/jóvenes en mi hogar que han mostrado intimidación o comportamiento violento
- ☐ Aprendiendo como ayudar a los niños/jóvenes en mi hogar que han sufrido intimidación o comportamiento violento
- ☐ Aprendiendo como hablar con los niños/jóvenes en mi hogar acerca de drogas y alcohol
- ☐ Aprendiendo como hablar con los niños/jóvenes en mi hogar acerca del sexo, infecciones de transmisión sexual, etc.
- ☐ Aprendiendo como ayudar a los niños/jóvenes en mi hogar a lidiar con estrés, la depresión, o problemas emocionales
- ☐ Encontrando servicios para los niños/jóvenes en mi hogar con necesidades especiales
- ☐ Obteniendo educación y asistencia en planificación familiar o control de natalidad
- ☐ Otras necesidades de apoyo de crianza y familia, por favor especifique: _____

TRANSPORTACIÓN

38. ¿Tiene su hogar necesidades de transportación insatisfechas? ☐ SI ☐ NO *(Si la respuesta es NO, vaya al #39)*

Si la respuesta es SI, ¿con cuál de las siguientes necesidades de transportación necesita ayuda su hogar? Seleccione todas las que apliquen:

- ☐ Obteniendo acceso a transportación pública (p. ej. autobús, carretillas)
- ☐ Obteniendo un vehículo confiable (p. ej. automóvil, furgoneta, camioneta)
- ☐ Reparando los vehículos de nuestro hogar
- ☐ Obteniendo una licencia de conducir
- ☐ Obteniendo seguro de vehículo
- ☐ Yendo y viniendo del trabajo
- ☐ Yendo y viniendo a citas o mandados
- ☐ Llevando y trayendo a los niños en mi hogar a cuidado infantil
- ☐ Llevando y trayendo a los niños/jóvenes en mi hogar a la escuela
- ☐ Llevando y trayendo a los niños/jóvenes en mi hogar a actividades antes/después de la escuela
- ☐ Otras necesidades de transportación, por favor especifique: _____

SALUD

39. ¿Tiene alguien en su hogar necesidades de salud insatisfechas? ☐ SI ☐ NO *(Si la respuesta es NO, vaya al #40)*

Si la respuesta es SI, ¿con cuál de las siguientes necesidades de salud necesita ayuda su hogar? Seleccione todas las que apliquen:

- ☐ Obteniendo seguro de salud asequible
- ☐ Obteniendo seguro dental asequible
- ☐ Encontrando un doctor que acepta Medicaid (Titulo XIX)
- ☐ Encontrando un dentista que acepta Medicaid (Titulo XIX)
- ☐ Manejando medicamentos
- ☐ Obteniendo tratamiento para problemas de drogas o alcohol
- ☐ Obteniendo tratamiento asesamiento para un problema de salud mental
- ☐ Lidiando con estrés, la depresión, o ansiedad
- ☐ Lidiando con problemas relacionados a abuso físico, emocional, o sexual
- ☐ Obteniendo chequeos regulares, vacunas, exámenes de desarrollo, o exámenes físicos para los niños en mi hogar
- ☐ Obteniendo atención de salud reproductiva, incluyendo acceso a control de natalidad, y pruebas de infecciones de transmisión sexual
- ☐ Obteniendo el cuidado médico necesario para un miembro del hogar que está embarazada
- ☐ Otras necesidades de salud, por favor especifique: _____

40. ¿Está lidiando usted o alguien en su hogar con adicción a los opioides? ☐ SI ☐ NO

41. ¿Conoce usted a alguien, afuera de su hogar, que está lidiando con adicción a los opioides? ☐ SI ☐ NO

OTRO

42. ¿Tiene usted servicio de teléfono? ☐ SI ☐ NO

43. ¿Tiene usted acceso al internet o servicio de internet? ☐ SI ☐ NO

44. ¿Tiene usted acceso a recreación asequible? ☐ SI ☐ NO

45. ¿Con cuál de las siguientes necesidades básicas necesita ayuda su hogar? Seleccione todas las que apliquen:

- ☐ Obteniendo muebles básicos, electrodomésticos, o artículos para el hogar
- ☐ Obteniendo artículos de cuidado personal como jabón, pañales, papel higiénico, etc.
- ☐ Obteniendo ropa o zapatos
- ☐ Haciendo trabajo de jardinería o remoción de nieve
- ☐ Haciendo trabajos de casa

46. En los últimos 12 meses, ¿con cuál(es) problema(as) no pudo usted o su hogar obtener ayuda?

47. ¿Cuáles son DOS necesidades en su hogar que desea resolver?

(1) _____ (2) _____

48. ¿Cuáles son DOS cosas que le gustaría ver mejoradas en su vecindario o comunidad?

(1) _____ (2) _____

49. ¿Es usted el cuidador principal (p. ej. padre/madre, tutor, abuelo/a custodio, padrastro/madrastra, o padre/madre de crianza) de un niño o niños en Head Start o Early Head Start? ☐ SI ☐ NO *(Si la respuesta es NO, vaya al #50)*

(a) ¿Trabaja usted? ☐ SI ☐ NO *(Si la respuesta es NO, vaya al (b))*

(1) ¿Trabaja usted durante la semana (lunes a viernes) por el día? ☐ SI ☐ NO

(2) ¿Trabaja usted por las tardes, en las noches, y/o durante los fines de semana? ☐ SI ☐ NO

(b) ¿Es usted un estudiante o está tomando clases de secundaria, o Universidad? ☐ SI ☐ NO *(Si la respuesta es NO, vaya al (c))*

(1) ¿Tiene usted clases durante la semana (lunes a viernes) por el día? ☐ SI ☐ NO

(2) ¿Tiene usted clases por las tardes, en las noches, y/o durante los fines de semana? ☐ SI ☐ NO

(c) ¿Esta usted asistiendo cursos o programas de entrenamiento diseñados para ayudarle a encontrar un trabajo, mejorar sus habilidades de trabajo, o aprender un trabajo nuevo? ☐ SI ☐ NO *(Si la respuesta es NO, vaya al #50)*

(1) ¿Tiene usted clases/entrenamiento durante la semana (lunes a viernes) por el día? ☐ SI ☐ NO

(2) ¿Tiene usted clases/entrenamiento por las tardes, en las noches, y/o durante los fines de semana? ☐ SI ☐ NO

50. ¿Como se entero acerca de nuestra Agencia de Acción Comunitaria? Seleccione todas las que apliquen:

- | | | |
|---|--|---|
| <input type="checkbox"/> Familia o amigo | <input type="checkbox"/> Cliente actual o anterior de la agencia | <input type="checkbox"/> Media Social (Facebook, Twitter, Instagram, etc.) |
| <input type="checkbox"/> United Way 211 | <input type="checkbox"/> Correo/Folleto/Volante | <input type="checkbox"/> Organización basada en la fe (iglesia, templo, etc.) |
| <input type="checkbox"/> Televisión/Radio | <input type="checkbox"/> Libro de teléfono | <input type="checkbox"/> Referido por otra organización o agencia |
| <input type="checkbox"/> Periódico | <input type="checkbox"/> Internet/Sitio Web | <input type="checkbox"/> Otra, por favor especifique: _____ |

51. ¿Cuándo preferiría venir a una de nuestras locaciones (oficinas) cuando necesita asistencia? Seleccione una:

- | | |
|---|--|
| <input type="checkbox"/> lunes a viernes por las mañanas: 6:30 am – 8:00 am | <input type="checkbox"/> Otra, por favor especifique: _____ |
| <input type="checkbox"/> lunes a viernes: 8:00 am - 4:30 pm | <input type="checkbox"/> No puedo ir a ninguna de sus locaciones (por favor explique): _____ |
| <input type="checkbox"/> lunes a viernes por las tardes: 4:30 pm - 7:00 pm | |
| <input type="checkbox"/> sábado: 9:00 am - 12:00 pm | |

Encuesta de Satisfacción del Cliente

Si recibió servicios a través de nuestra Agencia de Acción Comunitaria en los últimos 12 meses, por favor conteste las siguientes preguntas:

(Escala: 5=Muy de acuerdo, 4=De acuerdo, 3=Indeciso/Neutral, 2=En desacuerdo, 1=Muy en desacuerdo)

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Tuve una experiencia positiva cuando recibí servicios | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 2. Me ayudaron de manera oportuna..... | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 3. El personal de la Agencia de Acción Comunitaria con cual interactué fue amable y servicial..... | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 4. Se me informo sobre otros servicios de la agencia o comunitarios que podrían ayudarme con mis necesidades..... | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |

5. Cuéntenos sobre su(s) experiencia(s) con nuestra Agencia de Acción Comunitaria: _____

6. Díganos algo que usted crea que nuestra Agencia de Acción Comunitaria debería mejorar: _____

**IOWA COMMUNITY ACTION AGENCIES
CLIENT NEEDS ASSESSMENT SURVEY**

INSTRUCTIONS

TIMELINE:

- | | |
|------------------|--|
| May 2019 | <ul style="list-style-type: none">• Agencies will receive (by e-mail) their client survey document (hardcopy)• Agencies will receive (by e-mail) their SurveyMonkey client survey link• Agencies can start surveying their clients• Agencies can start using their SurveyMonkey client survey link (clients can access and complete the survey on a smartphone) |
| January 31, 2020 | <ul style="list-style-type: none">• Each agency must have at least 250 client surveys inputted in SurveyMonkey |
| February 2020 | <ul style="list-style-type: none">• The DCAA will prepare a statewide client needs assessment and client satisfaction report using the client survey data and information collected from May 2019 through January 31, 2020• The DCAA will distribute (and/or post on the DCAA website) the statewide client needs assessment and client satisfaction reports |

AGENCY RESPONSIBILITIES:

- Each agency will decide how they will manage the sampling, distribution, and collection of their client survey
- Each agency will decide how their client surveys will be inputted into SurveyMonkey
- Each agency will be responsible for ensuring a minimum of 250 completed surveys are inputted into SurveyMonkey by January 31, 2020

The following are some suggested methods for distributing and collecting client surveys:

- Send clients, by e-mail or regular mail, a letter* with the SurveyMonkey link
- Make the SurveyMonkey link available on the agency website and direct clients to the website link
- Have a computer(s) available at agency offices for clients to complete the agency's SurveyMonkey survey online
- Hand out hardcopies of the survey to clients and collect completed surveys by mail or drop-off (agency staff would be responsible for inputting the information into SurveyMonkey)
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* a sample letter is available for agencies to use for distributing the client survey

CSBG ORGANIZATIONAL STANDARDS:

The completed statewide client needs assessment report will have comprehensive community assessment data and information (including both qualitative and quantitative) that your agency can use when developing your agency specific community assessment report (CATEGORY 3: Community Assessment). The completed statewide community needs assessment report will include:

- Data and information collected from low-income individuals (Standard 1.2)
- Data and information specific to poverty (Standard 3.2)
- Qualitative and quantitative data and information specific to your agency's service area (Standard 3.3)
- Data and information on the causes and conditions of poverty specific to your agency's service area (Standard 3.4)

This statewide client needs assessment process is a systematic approach for collecting customer satisfaction data, information, and input. The completed statewide client satisfaction report can be used by your agency to address Standards 1.3 and 6.4.

SAMPLE LETTER

Dear

or

Good afternoon

Iowa's Community Action Network is conducting a study of the needs individuals and families may be experiencing in their lives. Information for the study will be collected by surveying our clients. The results will be considered by [insert your agency name here] for planning, developing, and delivering agency programs and services to the people that reside in our neighborhoods and communities.

The survey takes approximately 10 minutes to complete; there are 50+ multiple choice type questions and a few questions that are open-ended (questions you can type a response). All replies are anonymous and will be treated confidentially.

To complete the survey, please click here >>> [insert your agency SurveyMonkey link here]

If you have trouble accessing the link, you can copy and paste the following link: [insert your agency SurveyMonkey link here]

Thank you for participating. Your feedback is very valuable to us.

APPENDIX

IOWA COMMUNITY ACTION AGENCIES
Client Needs Assessment Survey

Iowa's Community Action Agencies are conducting a study of the needs individuals and families may be experiencing in their lives. The results and information from the study will be considered by the Community Action Agencies for planning, developing, and delivering agency programs and services.

INSTRUCTIONS: Please answer each question by checking the appropriate box (or boxes) or providing a written response. After completing the survey, please return it where you received it. All survey responses are anonymous.

Your answers will help us improve our communities. Thank you for participating.

HOUSEHOLD CHARACTERISTICS

1. What county do you live in?
2. What is your household's zip code?
3. How many people are in your household?
4. How many adults (18 years old and older) are in your household?
5. Are you or any member in your household 55 years old or older? ☐ YES ☐ NO
6. Does anyone in your household receive Medicaid (Title XIX)? ☐ YES ☐ NO
7. Is anyone in your household homebound (unable to leave your home)? ☐ YES ☐ NO
8. Are there children (under 3 years old) in your household? ☐ YES ☐ NO
9. Are there preschool children (3-5 years old) in your household? ☐ YES ☐ NO
10. Are there school-aged children (6-11 years old) in your household? ☐ YES ☐ NO
11. Are there youth (12-17 years old) in your household? ☐ YES ☐ NO
12. Are there children/youth (under the age of 18) in your household with special needs? ☐ YES ☐ NO
13. Is your household a foster care provider for a child or children (0-5 years old)? ☐ YES ☐ NO
14. Is anyone in your household pregnant? ☐ YES ☐ NO
15. Is anyone in your household physically disabled? ☐ YES ☐ NO
16. Does anyone in your household have mental health issues? ☐ YES ☐ NO
17. What is your gender? ☐ Male ☐ Female ☐ Other
18. What is your race? ☐ White ☐ Black or African American ☐ Asian ☐ American Indian ☐ Alaska Native
☐ Native Hawaiian or Pacific Islander ☐ Other ☐ Multi-race ☐ Unknown
19. Is your ethnicity Hispanic, Latino, or Spanish Origin? ☐ YES ☐ NO ☐ Unsure
20. What is the primary language of your household (e.g. English, Spanish, Vietnamese, Burmese, etc.)?

EMPLOYMENT

21. How many adults (18 and older) in your household work 30 hours a week or more?
22. How many adults in your household work less than 30 hours a week?
23. How many of the adults in your household are working and are trying to find a better job?
24. How many of the adults in your household are unemployed and are trying to find a job?
25. Do you or another adult in your household have employment needs? ☐ YES ☐ NO (If NO, go to #26)
If YES, which of these employment needs could you or another adult in your household use help with? Select all that apply:
☐ Finding a job or a better job
☐ Knowing what jobs are available
☐ Moving to a different area to get a job or a different job
☐ Getting skills training for the job that I want
☐ Learning job search skills (i.e. interviewing, writing resumes, applying for jobs online)
☐ Other employment needs, please specify:

EDUCATION

26. Do you or another adult (18 and older) in your household have education needs or goals? ☐ YES ☐ NO (If NO, go to #27)
If YES, which of these education needs could you or another adult in your household use help with? Select all that apply:
☐ Obtaining a four-year university or college degree
☐ Obtaining a two-year community/junior college degree
☐ Obtaining a technical, vocational, or trade school license, certificate, or degree
☐ Obtaining a high school diploma or GED/HISET/HSED
☐ Learning or improving computer skills/literacy
☐ Learning or improving communication or language skills
☐ Other education needs or goals, please specify:

FINANCIAL MANAGEMENT

27. In the last 12 months, how has your household's income changed? ☐ No change ☐ Increased ☐ Decreased

If your income increased or decreased, why did it? _____

28. Does your household have financial management needs? ☐ YES ☐ NO (If NO, go to #29)

If YES, which of these financial management needs could your household use help with? Select all that apply:

- ☐ Budgeting and managing money
- ☐ Opening a checking or savings account
- ☐ Filling out tax forms
- ☐ Understanding credit scores
- ☐ Solving problems with a credit card or loan company
- ☐ Solving problems with a utility company
- ☐ Solving problems with a payday loan company
- ☐ Other financial management needs, please specify: _____

LEGAL ISSUES

29. Does your household need legal assistance to help solve problems or issues? ☐ YES ☐ NO (If NO, go to #30)

(e.g. divorce, child support, immigration, foreclosure, bankruptcy, simple or minor misdemeanor, etc.)

If YES, please specify the problems or issues: _____

HOUSING

30. Does your household have unmet housing needs? ☐ YES ☐ NO (If NO, go to #31)

If YES, which of these housing needs could your household use help with? Select all that apply:

- ☐ Finding safe and affordable housing that fits my household's needs
- ☐ Obtaining a loan to buy a house
- ☐ Making necessary home or property repairs
- ☐ Making my home more energy efficient
- ☐ Making changes to my home for a household member with physical disabilities or is homebound
- ☐ Other housing needs, please specify: _____

FOOD AND NUTRITION

31. Is your household enrolled in DHS' Food Assistance Program (SNAP)? ☐ YES ☐ NO

32. Does your household have unmet food or nutrition needs? ☐ YES ☐ NO (If NO, go to #33)

If YES, which of these food and nutrition needs could your household use help with? Select all that apply:

- ☐ Getting food from food pantries, meal sites, or food shelves
- ☐ Having enough food at home
- ☐ Learning how to stretch my food dollars
- ☐ Learning how to shop and cook for healthy eating
- ☐ Learning how to model healthy eating for my household
- ☐ Getting nutritious foods for a pregnant household member
- ☐ Obtaining breastfeeding education and assistance for a pregnant household member
- ☐ Other food or nutrition needs, please specify: _____

CHILD CARE AND CHILD DEVELOPMENT

33. Are there children under the age of 12 in your household? ☐ YES ☐ NO (If NO, go to #35)

34. Does your household have unmet child care or child development needs? ☐ YES ☐ NO (If NO, go to #35)

If YES, which of these child care or child development needs could your household use help with? Select all that apply:

- ☐ Finding child care in a convenient location
- ☐ Finding quality child care
- ☐ Finding affordable child care
- ☐ Finding weekday daytime child care
- ☐ Finding evening or nighttime child care
- ☐ Finding weekend child care
- ☐ Finding a child care provider that accepts Child Care Assistance
- ☐ Finding a quality preschool
- ☐ Finding before/after school programs for the school-aged children in my household
- ☐ Finding services or resources for the children in my household with special needs
- ☐ Preparing the preschool children in my household for school
- ☐ Other child care or child development needs, please specify: _____

PARENTING AND FAMILY SUPPORT

35. Are there children/youth under the age of 18 in your household? ☐ YES ☐ NO (If NO, go to #38)
36. Do the children/youth in your household get free or reduced price school meals? ☐ YES ☐ NO
37. Does your household have unmet parenting or family support needs? ☐ YES ☐ NO (If NO, go to #38)

If YES, which of these parenting and family support needs could your household use help with? Select all that apply:

- ☐ Learning how to set goals and plan for my household
- ☐ Learning how to mentor/teach the children/youth in my household more effectively
- ☐ Learning how to communicate with and set boundaries for the teenage youth in my household
- ☐ Learning how to help the children/youth in my household who have displayed bullying or violent behavior
- ☐ Learning how to help the children/youth in my household who have encountered bullying or violent behavior
- ☐ Learning how to talk to the children/youth in my household about drugs and alcohol
- ☐ Learning how to talk to the children/youth in my household about sex, STIs, etc.
- ☐ Learning how to help the children/youth in my household cope with stress, depression, or emotional issues
- ☐ Finding services or resources for the children/youth in my household with special needs
- ☐ Obtaining family planning or birth control education and assistance
- ☐ Other parenting or family support needs, please specify: _____

TRANSPORTATION

38. Does your household have unmet transportation needs? ☐ YES ☐ NO (If NO, go to #39)

If YES, which of these transportation needs could your household use help with? Select all that apply:

- ☐ Obtaining access to public transportation (e.g. buses, trolleys)
- ☐ Getting a dependable vehicle (e.g. car, van, truck)
- ☐ Repairing our household's vehicle(s)
- ☐ Getting a driver's license
- ☐ Getting vehicle insurance
- ☐ Getting to and from work
- ☐ Getting to and from appointments or errands
- ☐ Getting the children in my household to and from child care
- ☐ Getting the children/youth in my household to and from school
- ☐ Getting the children/youth in my household to and from before/after school activities or club activities
- ☐ Other transportation needs, please specify: _____

HEALTH

39. Does anyone in your household have unmet health needs? ☐ YES ☐ NO (If NO, go to #40)

If YES, which of these health needs could your household use help with? Select all that apply:

- ☐ Getting affordable health insurance
- ☐ Getting affordable dental insurance
- ☐ Finding a doctor who accepts Medicaid (Title XIX)
- ☐ Finding a dentist who accepts Medicaid (Title XIX)
- ☐ Managing medications
- ☐ Getting treatment for a drug or alcohol issue
- ☐ Getting treatment or counseling for a mental health issue
- ☐ Dealing with stress, depression, or anxiety
- ☐ Dealing with issues related to physical, emotional, or sexual abuse
- ☐ Getting regular check-ups, immunizations, developmental screens, or physicals for the children in my household
- ☐ Getting reproductive health care, including access to birth control and STI testing
- ☐ Getting the necessary medical care for a pregnant household member
- ☐ Other health needs, please specify: _____

40. Are you or anyone in your household dealing with opioid addiction? ☐ YES ☐ NO

41. Do you know anyone, outside of your household, who is dealing with opioid addiction? ☐ YES ☐ NO

OTHER

42. Do you have phone service? ☐ YES ☐ NO

43. Do you have Internet or access to Internet service? ☐ YES ☐ NO

44. Do you have access to affordable recreation? ☐ YES ☐ NO

45. Which of these basic needs could your household use help with? Select all that apply:

- ☐ Getting basic furniture, appliances, or house wares
- ☐ Getting personal care items such as soap, diapers, toilet paper, etc.
- ☐ Getting clothing or shoes
- ☐ Doing yard work or snow removal
- ☐ Doing housework

46. In the last 12 months, what issue(s) were you or your household unable to get help with?

47. What are TWO important household needs that you want to resolve?
(1) _____ (2) _____
48. What are TWO things you would like to see improved in your neighborhood or community?
(1) _____ (2) _____
49. Are you the primary caregiver (e.g. parent, guardian, custodial grandparent, step-parent, foster parent) of a child or children in Head Start or Early Head Start? ☐ YES ☐ NO *(If NO, go to #50)*
- (a) Are you currently working? ☐ YES ☐ NO *(If NO, go to (b))*
 (1) Do you work on the weekdays (Monday through Friday) during the daytime? ☐ YES ☐ NO
 (2) Do you work in the evenings, at nighttime, and/or on the weekends? ☐ YES ☐ NO
- (b) Are you a student or are you taking high-school, college, or university classes? ☐ YES ☐ NO *(If NO, go to (c))*
 (1) Do you have classes on the weekdays (Monday through Friday) during the daytime? ☐ YES ☐ NO
 (2) Do you have classes in the evenings, at nighttime, and/or on the weekends? ☐ YES ☐ NO
- (c) Are you attending courses or training programs designed to help you find a job, improve your job skills, or learn a new job? ☐ YES ☐ NO *(If NO, go to #50)*
 (1) Do you have courses/training on weekdays (Mon. through Fri.) during the daytime? ☐ YES ☐ NO
 (2) Do you have courses/training in the evenings, at nighttime, and/or on the weekends? ☐ YES ☐ NO
50. How did you learn about our Community Action Agency? Select all that apply:
☐ Family or friend ☐ Current or former agency client ☐ Social media (Facebook, Twitter, Instagram, etc.)
☐ United Way 211 ☐ Mailing/Brochure/Flyer ☐ Faith-based organization (church, temple, etc.)
☐ Television/Radio ☐ Phone book ☐ I was referred by another organization or agency
☐ Newspaper ☐ Internet/Website ☐ Other, please specify: _____
51. When would you prefer to come to one of our locations (offices) when you need assistance? Select one:
☐ Monday through Friday mornings: 6:30 am – 8:00 am ☐ Other, please specify: _____
☐ Monday through Friday: 8:00 am - 4:30 pm ☐ I am unable to go to any of your locations (please explain): _____
☐ Monday through Friday evenings: 4:30 pm - 7:00 pm
☐ Saturday: 9:00 am - 12:00 pm _____
52. What services has your household received from our agency within the last 12 months? Select all that apply:
[this will be a list of agency specific services]

Client Satisfaction Survey

If you received services from our Community Action Agency within the last 12 months, please respond to the following:

(Scale: 5=Strongly Agree, 4=Agree, 3=Undecided/Neutral, 2=Disagree, 1=Strongly Disagree)

1. I had a positive experience when I received services ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
2. I was helped in a timely manner ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
3. The Community Action Agency staff I interacted with were friendly and helpful ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
4. I was informed about other agency or community services that could help me with my needs? ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
5. Tell us about your experience(s) with our Community Action Agency: _____

6. Tell us something you think our Community Action Agency should improve: _____

**IOWA COMMUNITY ACTION AGENCIES
CLIENT NEEDS ASSESSMENT SURVEY**

INSTRUCTIONS

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- | | |
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