

**IOWA COMMUNITY ACTION AGENCIES
CUSTOMER NEEDS ASSESSMENT SURVEY 2023-2024**

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: There are 50+ survey questions. Almost all of the questions are multiple choice. Please answer each question by checking the appropriate box (or boxes) or typing a response. The survey takes about 15 minutes to complete.

We appreciate only one survey per household so if you have already completed it this year, thank you and you don't need to proceed any further. **All survey responses are anonymous.**

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

1. What county do you live in? _____
2. What is your household's zip code? _____

EMPLOYMENT

Adult = 18 years old and older

In the last 12 months...

3. How many adults in your household worked 30 hours a week or more?
☐ 0 ☐ 1 ☐ 2 ☐ 3 or more
4. How many adults in your household worked less than 30 hours a week?
☐ 0 ☐ 1 ☐ 2 ☐ 3 or more
5. How many adults in your household were working and trying to find a better job?
☐ 0 ☐ 1 ☐ 2 ☐ 3 or more
6. How many adults in your household were unemployed and trying to find a job?
☐ 0 ☐ 1 ☐ 2 ☐ 3 or more
7. Have you or another adult in your household had employment needs? (If NO, skip to question 9)
☐ YES ☐ NO
8. Which of these employment needs could you or another adult in your household use help with? (select all that apply)
 - ☐ Finding a job
 - ☐ Finding 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: _____

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EDUCATION

Adult = 18 years old and older

9. In the last 12 months, have you or another adult in your household had education needs? (If NO, skip to question 11)

☐ YES ☐ NO

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

- ☐ Obtaining a four-year Bachelor's degree
- ☐ Obtaining a two-year Associate's 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 or computer literacy
- ☐ Learning or improving communication or language skills
- ☐ Other education needs or goals, please specify: _____

FINANCIAL MANAGEMENT

11. In the last 12 months, has your household's income changed? (If your response is no change, skip to question 13)

☐ No change ☐ Increased ☐ Decreased

12. Why did your income change? _____

13. In the last 12 months, has your household had financial management needs? (If NO, skip to question 15)

☐ YES ☐ NO

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

- ☐ Not enough money to get through the month
- ☐ 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 utility company
- ☐ Solving problems with medical debt
- ☐ Solving problems with a payday loan company
- ☐ Other financial management needs, please specify: _____

LEGAL ISSUES

15. In the last 12 months, has your household needed legal assistance to help solve problems or issues? (e.g. divorce, child support, immigration, foreclosure, bankruptcy, simple or minor misdemeanor, etc.) (If NO, skip to question 17)

☐ YES ☐ NO

16. Please specify the problems or issues your household could use legal assistance to solve: _____

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HOUSING

17. **In the last 12 months**, has your household had unmet housing needs? (If NO, skip to question 19)

☐ YES ☐ NO

18. **In the last 12 months**, which of these housing concerns has your household had? (select all that apply)

- ☐ Homelessness (having lived – or are living – on the streets or in a shelter)
- ☐ Family or Friends that are staying with us that have nowhere else to stay
- ☐ Finding safe housing
- ☐ Finding affordable housing (including rent/mortgage, utilities, etc.)
- ☐ 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: _____

19. Is your household enrolled in the Iowa HHS Food Assistance Program (SNAP)? (If YES, skip to question 21)

☐ YES ☐ NO

20. If your household is not enrolled in the Iowa HHS Food Assistance Program (SNAP) is it because of any of the following? (select all that apply)

- ☐ My household is unfamiliar with the program
- ☐ My household has applied and is awaiting a notice of decision
- ☐ My household hasn't applied because the application process is too difficult
- ☐ My household is over income
- ☐ My household lost our SNAP benefits
- ☐ Other (please specify): _____

Food and Nutrition

21. **In the last 12 months**, has your household had unmet food or nutrition needs? (If NO, skip to question 23)

☐ YES ☐ NO

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

- ☐ Getting food from food pantries, meal sites, or food shelves
- ☐ Having enough food at home
- ☐ Having enough nutritious food at home
- ☐ Getting doctor recommended food to accommodate for allergies/health conditions
- ☐ 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
- ☐ Obtaining breastfeeding education and nutrition assistance for a pregnant household member
- ☐ Other food or nutrition needs, please specify: _____

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CHILD CARE AND CHILD DEVELOPMENT

23. Are there children under the age of 18 in your household? (If NO, skip to question 41)

☐ YES ☐ NO

24. What age children are in your household? (select all that apply)

- ☐ Under 3 years old
- ☐ 3-5 years old
- ☐ 6-11 years old
- ☐ 12-17 years old

25. Is your household a foster care provider for a child or children (0-5 years old)?

☐ YES ☐ NO

26. Are there children or youth (under the age of 18) in your household with special needs?

☐ YES ☐ NO

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

☐ YES ☐ NO

28. **In the last 12 months**, has your household had unmet child care or child development needs? (If NO, skip to question 30)

☐ YES ☐ NO

29. Which of these child care and child development needs could your household use help? (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 a before or after school program 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: _____

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Head Start / Early Head Start

30. Are you the primary caregiver (e.g. parent, guardian, custodial grandparent, step-parent, foster parent) of a child in Head Start or Early Head Start? (If NO, skip to question 41)

☐ YES ☐ NO

The following questions are for primary caregivers of children in Head Start or Early Head Start:

31. Are you currently working? (If NO, skip to question 35)

☐ YES ☐ NO

32. Do you work on the weekdays (Monday through Friday) during the daytime?

☐ YES ☐ NO

33. Do you work in the evenings, at nighttime, and/or on the weekends?

☐ YES ☐ NO

34. Do you have more than one job?

☐ YES ☐ NO

35. Are you a student or are you taking high-school, college, or university classes? (If NO, skip to question 38)

☐ YES ☐ NO

36. Do you have classes on the weekdays (Monday through Friday) during the daytime?

☐ YES ☐ NO

37. Do you have classes in the evenings, at nighttime, and/or on the weekends?

☐ YES ☐ NO

38. Are you attending courses or training programs (in-person or online) designed to help you find a job, improve your job skills, or learn a new job? (If NO, skip to question 41)

☐ YES ☐ NO

39. Do you have courses or training on the weekdays (Monday through Friday) during the daytime?

☐ YES ☐ NO

40. Do you have courses or training in the evenings, at nighttime, and/or on the weekends?

☐ YES ☐ NO

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PARENTING AND FAMILY SUPPORT

41. **In the last 12 months**, has your household had unmet parenting or family support needs? (If NO, skip to question 43)

☐ YES ☐ NO

42. 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 or 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 or youth in my household who have displayed bullying or violent behavior
- ☐ Learning how to help the children or youth in my household who have encountered bullying or violent behavior
- ☐ Learning how to talk to the children or youth in my household about drugs and alcohol
- ☐ Learning how to talk to the children or youth in my household about sex, STIs, etc.
- ☐ Learning how to help the children or youth in my household cope with stress, depression, or emotional issues
- ☐ Finding services or resources for the children or 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

43. **In the last 12 months**, has your household had unmet transportation needs? (If NO, skip to question 45)

☐ YES ☐ NO

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

- ☐ Obtaining access to public transportation (e.g. paying for/covering the cost of 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 or youth in my household to and from school
- ☐ Getting the children or youth in my household to and from before or after school activities or club activities
- ☐ Other transportation needs, please specify: _____

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HEALTH

45. Is anyone in your household pregnant?

☐ YES ☐ NO

46. Is anyone in your household physically disabled?

☐ YES ☐ NO

47. Does anyone in your household have mental health needs?

☐ YES ☐ NO

48. **In the last 12 months**, has anyone in your household had unmet health needs? (If NO, skip to question 50)

☐ YES ☐ NO

49. Which of these health needs could your household use help? (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 issue
- ☐ Getting treatment for an alcohol issue
- ☐ Getting treatment for tobacco, nicotine, and/or vaping use
- ☐ Addressing mental health needs
- ☐ Addressing issues related to stress, depression, or anxiety
- ☐ Addressing 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: _____

OTHER

50. Do you have phone service?

☐ YES ☐ NO

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

☐ YES ☐ NO

52. **In the last 12 months**, which of these basic needs could your household have used help with? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Getting furniture or appliances | <input type="checkbox"/> Doing yard work or snow removal |
| <input type="checkbox"/> Getting personal care items (i.e. soap, diapers, toilet paper, etc.) | <input type="checkbox"/> Doing housework |
| <input type="checkbox"/> Getting clothing or shoes | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> None of the above |

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53. How many people are in your household?

☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

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

☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

55. Is there anyone in your household ages 14-24 who are neither working nor in school?

☐ YES ☐ NO

56. Are you or any member in your household 55 years old or older?

☐ YES ☐ NO

57. Does anyone in your household receive Medicaid (Title XIX)?

☐ YES ☐ NO

58. Is anyone in your household homebound (unable to leave your home)?

☐ YES ☐ NO

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

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

1) _____

2) _____

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

1) _____

2) _____

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Demographics

62. What do you consider to be your gender?

- ☐ Male ☐ Female ☐ Transgender ☐ Non-binary/non-conforming ☐ Prefer not to respond

63. What do you consider to be your race?

- ☐ White ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Pacific Islander
☐ American Indian ☐ Alaska Native ☐ Other ☐ Multi-race ☐ Prefer not to respond

64. Do you consider your ethnicity Hispanic, Latino, or Spanish Origin?

- ☐ YES ☐ NO ☐ Prefer not to respond

65. What is the primary language of your household? (select one)

- ☐ English ☐ Spanish ☐ Other (please specify):_____

Customer Satisfaction Questions

66. The following questions are specific to providing feedback about the Community Action Agency you have worked with most recently. **Please write the name of the Community Action Agency you are providing feedback on:**

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

- | | |
|--|---|
| <input type="checkbox"/> Family or friend | <input type="checkbox"/> Community Action Agency website |
| <input type="checkbox"/> School Counselor | <input type="checkbox"/> Online Search |
| <input type="checkbox"/> United Way 211 | <input type="checkbox"/> Social media (e.g. Facebook, Twitter, Instagram) |
| <input type="checkbox"/> Television or radio | <input type="checkbox"/> Faith-based organization (e.g. church, temple) |
| <input type="checkbox"/> News Story | <input type="checkbox"/> I was referred by another organization or agency |
| <input type="checkbox"/> Current or former agency client | <input type="checkbox"/> Other, please specify:_____ |
| <input type="checkbox"/> Letter, brochure, or flyer | |
| <input type="checkbox"/> Phone book | |

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68. The following are services that may be offered by Community Action Agencies across the state.

Has your household received any of the following from our agency within the last 12 months?

(select all that apply and add additional services in comment area below)

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Emergency Water |
| <input type="checkbox"/> Energy Assistance (LIHEAP) | <input type="checkbox"/> Home Repair |
| <input type="checkbox"/> Food Resources (i.e. food pantry, food bank, etc.) | <input type="checkbox"/> FaDSS (Family Development and Self- Sufficiency) |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Parents as Teachers (PAT) |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Personal Care items |
| <input type="checkbox"/> Weatherization | <input type="checkbox"/> Counseling (i.e. Mental Health, Substance Misuse, Gambling, MAT, OWI Class, Adult/Family Drug Court, Prevention classes) |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Furnace Repair or Replacement | _____ |
| <input type="checkbox"/> Clothing Assistance | |
| <input type="checkbox"/> Medication Assistance | |
| <input type="checkbox"/> Emergency Rent | |
| <input type="checkbox"/> Emergency Utility | |

69. How would you prefer to access our services? (select up to two)

☐ In-Person ☐ Phone Call ☐ Email ☐ Mail ☐ Text ☐ Online ☐ Other (please specify): _____

70. When would you prefer to have access to our services and staff for assistance (in-person or by other means)? (select one)

- ☐ Monday through Friday mornings: 6:30 am - 8:00 am
- ☐ Monday through Friday: 8:00 am - 12:00 noon
- ☐ Monday through Friday: 12:00 noon - 4:30 pm
- ☐ Monday through Friday: 4:30 pm - 7:00 pm
- ☐ Saturday: 9:00 am - 12:00 noon
- ☐ Other, please specify: _____

71. Please share any challenges to accessing our services:

72. How has Community Action made a difference in your life?

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

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For the following statements, select your level of agreement:

74. I had a positive experience when I received services from this Community Action Agency.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Undecided/Neutral
- ☐ Disagree
- ☐ Strongly Disagree

75. I was helped in a timely manner.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Undecided/Neutral
- ☐ Disagree
- ☐ Strongly Disagree

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

- ☐ Strongly Agree
- ☐ Agree
- ☐ Undecided/Neutral
- ☐ Disagree
- ☐ Strongly Disagree

77. I was informed about other agency or community services that could help me with my need.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Undecided/Neutral
- ☐ Disagree
- ☐ Strongly Disagree

78. Was the issue you came in with resolved?

- ☐ Issue was resolved.
- ☐ Issue was not resolved, but my household received referrals.
- ☐ Issue was not resolved and I didn't receive any referrals.

79. How likely are you to refer someone to our services on a scale from 1-10, with 10 being the highest?

1 2 3 4 5 6 7 8 9 10

80. Any Other Comments:

This is the end of the survey. **All survey responses are anonymous.** If you would like someone to follow up with you please contact your local Community Action Agency. Thank you for participating.