Wayne-Metropolitan Community Action Agency  
Community Needs Survey

Thank you for participating in our survey. Please answer every question. This information will assist us in helping people and meeting community needs. Your identity and answers will be **confidential** and we are not asking for your name.

Please answer the following questions by putting a check mark (✓) or X (✗) in the box next to the most accurate answer.

**A. Which describes you and your relationship to Wayne Metro**  
*(Check all that apply):*
- Wayne Metro client
- Person looking for help
- Former Wayne Metro client
- Parent/Relative of Wayne Metro client
- Wayne Metro employee
- Wayne Metro Board Member
- Wayne Member RAC member
- Service Provider – not Wayne Metro
- Elected/Public Official
- Law Enforcement Personnel
- Teacher/Educator
- Representative from the Business Community
- Visitor to Wayne Metro website
- Head Start Parent
- Member of Out-Wayne County Homeless Services Coalition
- Concerned Community Member
- Other __________________________

**B. Are you:**  
- Male      ☐  Female ☐

**C. City of Residence:**

______________________________

**D. City of Employment**

______________________________

**E. Your Age Group**
- 17 and under
- 18-24
- 25-38
- 39-50
- 51-61
- 62 and over

**F. What do you feel is the primary cause of unemployment in this community?**  
*(Check only one)*
- Lack of child care
- Not enough jobs
- Wages are too low
- Lack of encouragement to work
- Lack of education
- Not enough on-the-job training
- Lack of transportation
- Not enough help available to find a good paying job
- Other __________________________

**G. What do you feel is the primary cause of transportation barriers in this community**  
*(Check only one)*
- Suspended driver’s license
- Lack of reliable/affordable vehicle
- Insurance prices
- Gasoline prices
- Bus service not available/reliable
- Other __________________________

**H. What do you feel are the biggest problems facing youth (ages 5 to 17) in the community?**  
*(Check up to three)*
- Not much to do away from school
- Lack of adult role models
- Adults not in touch with needs of youth
- Stress
- Depression
- Alcohol/Drug abuse by youth
- Alcohol/Drug abuse in family
- Lack of opportunities to develop skills needed as an adult
- Violence

**I. What do you feel are the biggest problems facing adults in the community?**  
*(Check up to three)*
- Inability to pay all bills and on time
- Stress
- Bad credit
- Lack of education
- Lack of assets
- High rent/mortgage costs
- Alcohol/Drug abuse
- Low wages
- Nowhere to turn for help in crises
- Unemployment
- Other __________________________
J. Identify which of the following community resources you feel are most needed because there are not enough and/or adequate resources available in Out-Wayne County. Indicate whether each listed services is "Most Needed", "Somewhat Needed", "Not Needed" or "Don't Know".

<table>
<thead>
<tr>
<th>Most Needed</th>
<th>Somewhat Needed</th>
<th>Not Needed</th>
<th>Don't Know</th>
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<tbody>
<tr>
<td>1. Support for Caregivers of Senior Citizens</td>
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<td>2. Support for Caregivers of children with disabilities</td>
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<td>3. Parenting skills training</td>
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<td>4. Adult Literacy Skills training</td>
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<td>5. Adult Education/GED Classes</td>
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<td>6. Certificate/Degree programs to help people get jobs</td>
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<td>7. Child care</td>
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<td>8. Affordable housing</td>
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<td>9. Food assistance</td>
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<td>10. Youth programs ages 5 to 12</td>
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<td>11. Teen programs ages 13 to 18</td>
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<td>12. Health insurance coverage</td>
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<td>13. Financial aid for people to further their education</td>
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<td>15. Help for people who want to live a healthy lifestyle.</td>
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<td>16. Computer skills training</td>
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<td>17. Help with budgeting money</td>
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<td>18. Help for people seeking employment</td>
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<td>19. Help for people experiencing home foreclosure</td>
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<td>20. Help for people who would like to start a business</td>
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<td>21. Financial education</td>
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<td>22. Credit Counseling</td>
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<td>23. Home insulation or weatherproofing services</td>
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<td>24. Other home repairs</td>
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<td>25. Removal/repair of condemned and vacant houses</td>
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<td>26. Help for people who are unable to pay their Electric/Gas bills</td>
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<td>27. Help for people who are unable to pay their Water bills</td>
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<td>28. Homeless Services/Shelters</td>
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<td>29. Healthy relationship programs/classes</td>
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<td>30. Support groups please describe:</td>
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<td>31. Nutrition Education</td>
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<td>32. Help for people in need of reliable private transportation</td>
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<td>33. Help for people to build financial assets: buying a home, starting a business or savings accounts</td>
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<td>34. Free income tax preparation services</td>
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<td>35. Mental Health services</td>
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<td>36. Affordable legal services</td>
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<td>37. Help for people who are unable to pay their rent or mortgage.</td>
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**Please use the reverse side of this paper to describe any additional community needs and/or problems. We want to hear from you!**
Please answer the following questions as they relate to you and your circumstances. (Circle your response)

- **K.** If you or someone you know were experiencing one of the **following problems**, would you know where to get help? (Circle Yes or No)
  - Inability to pay gas/electric bills
    - 1. Yes
    - 2. No
  - Inability to pay water bills
    - 1. Yes
    - 2. No
  - Home in foreclosure
    - 1. Yes
    - 2. No
  - Homelessness
    - 1. Yes
    - 2. No
  - Bad credit
    - 1. Yes
    - 2. No
  - Lack of child care or latch key
    - 1. Yes
    - 2. No
  - Home in need of repairs in order to be safe and efficient
    - 1. Yes
    - 2. No
  - Disability resulting in an inability to work
    - 1. Yes
    - 2. No
  - Domestic violence
    - 1. Yes
    - 2. No
  - Unemployment
    - 1. Yes
    - 2. No
  - Parenting stress
    - 1. Yes
    - 2. No
  - No food
    - 1. Yes
    - 2. No
  - Poor nutrition and unhealthy lifestyle
    - 1. Yes
    - 2. No
  - Stress from providing care to a disabled or ill loved one
    - 1. Yes
    - 2. No
  - Confusion about the Earned Income Tax Credit (EITC) or income tax preparation
    - 1. Yes
    - 2. No
  - Poor reading skills and/or no diploma or GED
    - 1. Yes
    - 2. No

- **L.** Do you have a bank account (checking or savings)?
  - 1. Yes
  - 2. No

- **M.** Do you presently use check cashing or cash advance services instead of banking services?
  - 1. Yes
  - 2. No

- **N.** Do you have health insurance coverage?
  - 1. Yes
  - 2. No

- **O.** Do you have dental insurance coverage?
  - 1. Yes
  - 2. No

- **P.** Are you in need of an eye exam or glasses but cannot afford them?
  - 1. Yes
  - 2. No

- **Q.** In general, do you feel that you are:
  1. Better off than 1 year ago
  2. Worse off than 1 year ago
  3. About the same

- **R.** Do you have a computer at home?
  - 1. Yes
  - 2. No
  - a. If no, do you have access to a computer (ex. at a relative's house, library, school)
    - 1. Yes
    - 2. No

- **S.** Do you have an internet connection at home?
  - 1. Yes
  - 2. No

- **T.** For each of the following, rate your satisfaction, using a scale of 1 to 10. 1 is the least satisfied or worst possible score and 10 is the most satisfied or highest possible score. Rate your satisfaction with:
  - The availability of affordable housing in the community? ______
  - New housing development in the community? ______
  - The cost of mortgage and rent in the community? ______
  - The condition of homes in your community? ______