

Northwestern Illinois Community Action Agency (NICAA)--Client Needs Assessment

NICAA is conducting a study of the needs of individuals and families in Stephenson and Jo Daviess Counties. Results from the study will be considered by NICAA for planning, developing and delivering agency programs, services, and activities.

INSTRUCTIONS: Please answer each question by checking the appropriate box (or boxes) or providing a written response. After completing the survey, please return it to NICAA.

All surveys will be kept confidential. Thanks you for participating.

- 1 What county do you live in? _____ What is your household's zip code? _____
- 3 Are you a male or female? Male Female
- 4 Are you aged 60 or over: Yes No
- 5 Are you married or living with a partner? Yes No

Please select any of the following needs which you or a family member could use help with.

6 Employment	YES	NO
Getting an education for the job I want	<input type="checkbox"/>	<input type="checkbox"/>
Finding a permanent full-time job that will support me and my family	<input type="checkbox"/>	<input type="checkbox"/>
Knowing what jobs are available	<input type="checkbox"/>	<input type="checkbox"/>
Learning how to interview for a job	<input type="checkbox"/>	<input type="checkbox"/>
Learning how to write a resume	<input type="checkbox"/>	<input type="checkbox"/>
Learning how to fill out a job application	<input type="checkbox"/>	<input type="checkbox"/>
Finding childcare during your work hours	<input type="checkbox"/>	<input type="checkbox"/>

7 Education	YES	NO
Obtaining a high school diploma or GED	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining a two-year college degree	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining a four-year college degree	<input type="checkbox"/>	<input type="checkbox"/>
Learning how to use a computer	<input type="checkbox"/>	<input type="checkbox"/>
Learning English as a second language	<input type="checkbox"/>	<input type="checkbox"/>
Getting financial assistance to complete my education	<input type="checkbox"/>	<input type="checkbox"/>

8 Financial	YES	NO
Budgeting and managing money	<input type="checkbox"/>	<input type="checkbox"/>
Opening a checking and/or savings account	<input type="checkbox"/>	<input type="checkbox"/>
Filling out tax forms	<input type="checkbox"/>	<input type="checkbox"/>
Understanding/repairing my credit score	<input type="checkbox"/>	<input type="checkbox"/>
Getting help receiving child support	<input type="checkbox"/>	<input type="checkbox"/>

9 Housing	YES	NO
Finding affordable housing that fits my family's needs	<input type="checkbox"/>	<input type="checkbox"/>
Qualifying for a loan to buy a home	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining home ownership education	<input type="checkbox"/>	<input type="checkbox"/>
Getting financial assistance with rent/deposit payments	<input type="checkbox"/>	<input type="checkbox"/>
Making my home more energy efficient	<input type="checkbox"/>	<input type="checkbox"/>
Making changes to my home for a person with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Learning about tenants rights and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>
Getting emergency shelter	<input type="checkbox"/>	<input type="checkbox"/>

10 Food and Nutrition	YES	NO
Getting food from food pantries and food banks	<input type="checkbox"/>	<input type="checkbox"/>
Learning how to stretch my food dollars	<input type="checkbox"/>	<input type="checkbox"/>
Learning how to shop and cook for healthy eating	<input type="checkbox"/>	<input type="checkbox"/>
Getting meals delivered to my home	<input type="checkbox"/>	<input type="checkbox"/>
Enrolling in the SNAP Program	<input type="checkbox"/>	<input type="checkbox"/>

11 Transportation	YES	NO
Having access to public transportation		
Having dependable transportation to and from work		
Getting financial assistance to make car repairs		
Getting financial assistance for car insurance & registration fees		
Getting to and from medical or dental appointments		
Getting myself to and from school		

12 Health	YES	NO
Having access to affordable health care in my community		
Having access to affordable dental care in my community		
Getting financial assistance for medications/prescriptions		
Having help managing medications		
Getting regular check-ups and physicals for my children		
Getting my children tested for lead poisoning		
Getting immunizations for my children		
Getting treatment for drug and alcohol problems		
Getting treatment and services for mental health issues (stress/depression/anxiety)		
Dealing with problems related to domestic violence		

13 Basic Needs	YES	NO
Having a reliable phone		
Getting financial assistance with my utility bills (heating, electric, and/or water)		
Getting basic furniture, appliances, or housewares		
Having access to the internet		

14 Please list any problems or unmet needs that you or your family faced within the last 12 months:



Please return the Client Needs Assessment to:
 NICA
 27 S. State Ave, Suite 102
 Freeport, IL 61032