



Client Needs Assessment

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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. Thank you for participating.

1.	What county do you live in?			
2.	What is your household's zip code:			
3.	What is your gender?	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Nonbinary
4.	Are you aged 60 or over?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
5.	Are you married or living with a partner?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Please select any of the following needs which you or a family member could use help with.				
6.	Employment			
	Getting an education for the job I want	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Finding a permanent full-time job that will support me and my family	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Knowing what jobs are available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Learning how to interview for a job	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Learning how to write a resume	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Learning how to fill out a job application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Finding childcare during your work hours	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7.	Education			
	Obtaining a high school diploma or GED	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Obtaining a two-year college degree	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Obtaining a four-year college degree	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Learning how to use a computer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Learning English as a second language	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Getting financial assistance to complete my education	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8.	Financial			
	Budgeting and managing money	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Opening a checking and/or savings account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Filling out tax forms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Understanding/repairing my credit score	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Getting help receiving child support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9.	Housing			
	Finding affordable housing that fits my family's needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Qualifying for a loan to buy a home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Obtaining home ownership education	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Getting financial assistance with rent/deposit payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Making my home more energy efficient	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Making changes to my home for a person with disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Learning about tenants' rights and responsibilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Getting emergency shelter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.	Food and Nutrition			
	Getting food from food pantries and food banks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



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	Learning how to stretch my food dollars	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Learning how to shop and cook for healthy eating	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Getting meals delivered to my home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Enrolling in the SNAP Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Transportation		
	Having access to public transportation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Having dependable transportation to and from work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Getting financial assistance to make care repairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Getting financial assistance for car insurance & registration fees	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Getting to and from medical or dentist appointments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Getting myself to and from school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Health		
	Having access to affordable health care in my community	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Having access to affordable dental care in my community	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Getting financial assistance for medications/prescriptions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Having help managing medications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Getting regular check-ups and physicals for my children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Getting my children tested for lead poisoning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Getting immunizations for my children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Getting treatment for drug and/or alcohol problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Getting treatment and services for mental health issues (stress/depression/anxiety)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Dealing with problems related to domestic violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Basic Needs		
	Having a reliable phone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Getting financial assistance with my utility bills (heating, electric, and/or water)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Getting basic furniture, appliances, or housewares	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Having access to the internet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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:

Northwestern IL Community Action Agency (NICA)
 27 S. State Ave. Suite 102
 Freeport, IL 61032
 Email: nicaa125@nicaa.org