

Client Needs Assessment

Complete online with QR:



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.

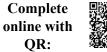
INSTRUCTIONS: Please answer each question by checking the appropriate box (or boxes) or providing a written response. After completing the survey, please return it to NICAA.

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?	□ Male	□ Female	□ Nonbinary		
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					
	Getting an education for the job I want] Yes	□ No	
	Finding a permanent full-time job that will support me and		Г] Yes	□ No	
	my family					
	Knowing what jobs are available] Yes	□ No	
	Learning how to interview for a job] Yes	□ No	
	Learning how to write a resume] Yes	□ No	
	Learning how to fill out a job application] Yes	□ No	
	Finding childcare during your work hou	rs] Yes	□ No	
7.	Education					
	Obtaining a high school diploma or GEI)] Yes	□ No	
	Obtaining a two-year college degree] Yes	□ No	
	Obtaining a four-year college degree] Yes	□ No	
	Learning how to use a computer] Yes	□ No	
	Learning English as a second language] Yes	□ No	
	Getting financial assistance to complete	my education] Yes	□ No	
8.	Financial					
	Budgeting and managing money] Yes	□ No	
	Opening a checking and/or savings acco	unt] Yes	□ No	
	Filling out tax forms] Yes	□ No	
	Understanding/repairing my credit score	;] Yes	□ No	
	Getting help receiving child support] Yes	□ No	
9.	Housing					
	Finding affordable housing that fits my	family's needs] Yes	□ No	
	Qualifying for a loan to buy a home] Yes	□ No	
	Obtaining home ownership education] Yes	□ No	
	Getting financial assistance with rent/de] Yes	□ No	
	Making my home more energy efficient] Yes	□ No	
	Making changes to my home for a perso] Yes	□ No	
	Learning about tenants' rights and respo	nsibilities] Yes	□ No	
	Getting emergency shelter] Yes	□ No	
10.	Food and Nutrition					
	Getting food from food pantries and foo	d banks] Yes	\Box No	



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	Learning how to stretch my food dollars	□ Yes	□ No			
	Learning how to shop and cook for healthy eating	□ Yes	🗆 No			
	Getting meals delivered to my home	\Box Yes	🗆 No			
	Enrolling in the SNAP Program	□ Yes	🗆 No			
11.	Transportation					
	Having access to public transportation	\Box Yes	🗆 No			
	Having dependable transportation to and from work	\Box Yes	🗆 No			
	Getting financial assistance to make care repairs	□ Yes	🗆 No			
	Getting financial assistance for car insurance & registration fees	□ Yes	□ No			
	Getting to and from medical or dentist appointments	\Box Yes	🗆 No			
	Getting myself to and from school	\Box Yes	🗆 No			
12.	Health					
	Having access to affordable health care in my community	\Box Yes	🗆 No			
	Having access to affordable dental care in my community	□ Yes	🗆 No			
	Getting financial assistance for medications/prescriptions	□ Yes	🗆 No			
	Having help managing medications	□ Yes	🗆 No			
	Getting regular check-ups and physicals for my children	□ Yes	🗆 No			
	Getting my children tested for lead poisoning	□ Yes	🗆 No			
	Getting immunizations for my children	□ Yes	🗆 No			
	Getting treatment for drug and/or alcohol problems	□ Yes	🗆 No			
	Getting treatment and services for mental health issues (stress/depression/anxiety)	□ Yes	🗆 No			
	Dealing with problems related to domestic violence	□ Yes	🗆 No			
13.	Basic Needs					
	Having a reliable phone	□ Yes	🗆 No			
	Getting financial assistance with my utility bills (heating, electric, and/or water)	□ Yes	🗆 No			
	Getting basic furniture, appliances, or housewares	□ Yes	🗆 No			
	Having access to the internet	□ Yes	□ 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 (NICAA) 27 S. State Ave. Suite 102 Freeport, IL 61032 Email: <u>nicaa125@nicaa.org</u>