



**GMN TRI COUNTY COMMUNITY ACTION COMMITTEE
COMMUNITY NEEDS SURVEY**



ARE YOU (CHECK ALL THAT APPLY)

- | | | | |
|--|---------------------------------|--|--|
| <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE | <input type="checkbox"/> EMPLOYED | <input type="checkbox"/> STUDENT |
| <input type="checkbox"/> SINGLE | | <input type="checkbox"/> UNEMPLOYED | <input type="checkbox"/> SEASONAL |
| <input type="checkbox"/> SINGLE WITH CHILDREN | | <input type="checkbox"/> DISABLED | <input type="checkbox"/> VETERAN |
| <input type="checkbox"/> MARRIED | | <input type="checkbox"/> RETIRED | <input type="checkbox"/> OVER 60 YEARS OLD |
| <input type="checkbox"/> MARRIED WITH CHILDREN | | <input type="checkbox"/> WORKING AT HOME/HOMEMAKER | |
| <input type="checkbox"/> WIDOW (ER) | | | |

WHAT IS YOUR RACE/ETHNICITY?

- | | | |
|--|---|---|
| <input type="checkbox"/> WHITE/CAUCASIAN | <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE | <input type="checkbox"/> BLACK/AFRICAN AMERICAN |
| <input type="checkbox"/> ASIAN | <input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER | <input type="checkbox"/> HISPANIC/LATINO |
| <input type="checkbox"/> OTHER _____ | | |

HOUSEHOLD/RESIDENCE:

WHICH COUNTY DO YOU RESIDE IN?

- | | | |
|-----------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> GUERNSEY | <input type="checkbox"/> MONROE | <input type="checkbox"/> NOBLE |
|-----------------------------------|---------------------------------|--------------------------------|

HOW MANY IN HOUSEHOLD _____

TOWN/CITY _____

HAVE CHILDREN UNDER 18 YEARS OLD IN THE HOME

ZIP CODE _____

- OWN RENT

WHAT DO YOU SEE AS BEING THE TOP NEEDS IN YOUR COMMUNITY? PLEASE CHECK ALL THAT APPLY:

- | | | |
|--|--|---|
| <input type="checkbox"/> FINDING EMPLOYMENT | <input type="checkbox"/> BUDGETING MONEY | <input type="checkbox"/> RENTAL ASSISTANCE |
| <input type="checkbox"/> JOB TRAINING | <input type="checkbox"/> CLOTHING | <input type="checkbox"/> MORTGAGE ASSISTANCE |
| <input type="checkbox"/> EDUCATION ASSISTANCE | <input type="checkbox"/> HOLIDAY ASSISTANCE | <input type="checkbox"/> FINDING HOUSING |
| <input type="checkbox"/> RESUME ASSISTANCE | <input type="checkbox"/> SCHOOL SUPPLIES | <input type="checkbox"/> HOMELESSNESS/EVICTION |
| <input type="checkbox"/> CLOTHING NEEDS FOR WORK | <input type="checkbox"/> PRESCRIPTION ASSISTANCE | <input type="checkbox"/> LACK OF AFFORDABLE HOUSING |
| <input type="checkbox"/> TRANSPORTATION TO WORK | <input type="checkbox"/> MEDICAL BILLS | <input type="checkbox"/> EMERGENCY SHELTER |
| <input type="checkbox"/> DAYCARE | <input type="checkbox"/> UTILITY ASSISTANCE | |

OTHER NEEDS: