The Community Action Agency of St. Louis County (CAASTLC) needs your voice as a foundation for the next 3 years of our programming. The needs assessment results will help the CAASTLC Board update our strategic plan and determine what programs/services are offered. Although we only do this needs assessment formally every three years, it’s an ongoing process and we greatly value your input.

We do NOT ask for your name in this survey. Your information will be kept anonymous.

Thank you for taking a few minutes of your time to provide your views and recommendations!

(If you have already completed this survey this year, please don’t fill it out again.)
1. Have you ever used CAASTLC services?
   - Yes
   - No

2. What is your age?
   - Under 18
   - 18-24
   - 25-44
   - 45-54
   - 55-59
   - 60-64
   - 65-74
   - 75+

3. What is the number of people in your household?
   - One
   - Two
   - Three
   - Four
   - Five
   - Six
   - Seven +

4. What gender do you identify with?
   - Male
   - Female
   - Other

5. What is your ethnicity?
   - Hispanic, Latino, or Spanish origins
   - Not Hispanic, Latino, or Spanish origins

6. What is your race?
   - White
   - Black or African American
   - Asian
   - American Indian or Alaska Native
   - Native Hawaiian and other Pacific Islander
   - Multi-race (two or more of the above)
   - Other

7. What is your marital status?
   - Single
   - Widowed
   - Married
   - Separated
   - Divorced

8. What is your household income?
   - less than $10,000
   - $10,000 to $14,999
   - $15,000 to $24,999
   - $25,000 to $34,999
   - $35,000 to $49,999
   - $50,000 to $74,999
   - $75,000 to $99,999
   - $100,000 to $150,000
   - over $150,000
9. What is your zip code? __________________

10. Are you or any household member struggling to increase your education? (If no, skip to question 13)
   - O Yes
   - O No

11. What do you consider the top 3 issues you are struggling with in terms of education?
   - O Lack of computer skills
   - O Not enough HiSET/GED – Adult education classes
   - O Transportation issues
   - O Childcare issues
   - O Need help enrolling in college/technical program
   - O Cost associated with higher education
   - O Lack of quality education
   - O Lack of alternative education programs
   - O Threats of violence in schools
   - O Lack of dropout prevention programs
   - O Other (please specify) _______________________________

12. Can you tell us why these are issues?
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

13. Are you or any household member struggling with employment? (If no, skip to question 16)
   - O Yes
   - O No

14. What do you consider the top 3 issues you are struggling with regarding employment?
   - O Lack of skills to obtain a job
   - O Lack of education to obtain a job
   - O Lack of good paying jobs with benefits
   - O Lack of childcare during the hours needed
   - O Lack of computer skills
   - O Cost of childcare
   - O Lack of accessible transportation
   - O Cost of transportation
   - O Unable to find jobs in the area
   - O Health limitations
   - O Background challenges that limit opportunity for employment
   - O Discrimination (age, race, gender, disability)
   - O Other (please specify) _______________________________

15. Can you tell us why these are issues?
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

16. If yes, what type of assistance do you need? ___________________________
16. Are you or any household member struggling with housing? (If no, skip to question 19)
   ○ Yes  ○ No

17. What are the top 3 issues you are struggling with in regard to housing?
   ○ Rents are too high  ○ Homes in need of weatherization
   ○ Rapid rent increases  ○ Unsafe neighborhoods
   ○ No funds for security/utility deposit  ○ Lack of quality school district
   ○ Old utility bills  ○ Eviction
   ○ Poor rental history  ○ Discrimination (age, race, gender, disability)
   ○ Past or current legal issues  ○ Low credit score
   ○ Substandard rental housing  ○ Poor Property Management
   ○ Not enough landlords accept Section 8 Housing Choice Voucher  ○ Other (please specify)
   ○ Homelessness  __________________________________________________________
   ○ Homes in need of repairs  ___________________________________________________
   ○ Homes in need of repairs

18. Can you tell us why these are issues?
________________________________________________________
________________________________________________________
________________________________________________________

19. Are you struggling to provide nutritious food for yourself or your family? (If no, skip to question 22)
   ○ Yes  ○ No

20. Which of these nutritional issues impact your family?
   ○ Do not know how to prepare nutritious meals  ○ Food allergies in the family
   ○ Lack of access to affordable grocery stores  ○ Lack of working appliances
   ○ Not enough money to purchase nutritious food  ○ Not eligible for Free and Reduced Lunch
   ○ Don’t know how to cook  ○ Utilities disconnected
   ○ No time to prepare nutritious meals  ○ Eligible but not receiving Food Stamps
   ○ Fresh produce not available  ○ Other (please specify)
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
21. Can you tell us why these are issues?

________________________________________________________________________________________

________________________________________________________________________________________

22. Are you or a household member struggling to make ends meet? (If no, skip to question 25)

☐ Yes   ☐ No

23. What are the top 3 issues your family has regarding money?

☐ Difficulty managing money
☑ Debt
☐ Difficulty getting child support
☐ Not enough money to cover basic needs
☐ No income
☐ High prescription costs
☐ High utility costs
☐ Difficulty qualifying for disability income

☐ Lack of knowledge about savings
☐ Lack of access to banking services
☐ Having to use payday loans/check cashing businesses
☐ Other (please specify)

24. Can you tell us why these are issues?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

25. Are you or a household member experiencing transportation problems? (If no, skip to question 29)

☐ Yes   ☐ No

26. What are the top 3 transportation issues you or your family is facing?

☐ No money for down payment on a vehicle
☐ Cannot afford the cost to maintain vehicle
☐ Public transportation not available
☐ Public transportation routes and hours limited
☐ Poor credit to finance a vehicle
☐ No driver’s license

☐ Lack of knowledge of how to buy a car
☐ Lack of credit to buy a car
☐ Cannot afford vehicle taxes
☐ Cannot afford auto insurance
☐ Other (please specify)

________________________________________________________________________________________
27. If you selected public transportation as limited, please tell us why. Select all that apply.

- Need evening hours
- Need 3rd shift hours
- Costs too much
- Takes too long to run route
- No public transportation to my employer
- Public transportation unsafe
- Must walk over 1 mile to get to a Metro stop

28. Can you tell us why these are issues?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

29. Are you or a household member experiencing health issues? (If no, skip to question 32)

- Yes
- No

30. What are the top 3 health issues you and your family have?

- No health insurance
- Health insurance not affordable
- No dental insurance
- Dentists in the area do not accept my insurance
- No substance use treatment in the area
- No mental health services in the area
- No access to prenatal care
- Cannot find a doctor
- No transportation to get to medical appointments
- No access to healthcare
- Unaffordable prescription costs
- Unaffordable copays
- Other (please specify)

31. Can you tell us why these are issues?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Thinking about your community in general:

32. What services are not available in your community?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

33. If you could change one thing in your community what would it be?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

34. What barriers/challenges have you or your family experienced recently? (For example: discrimination due to age, gender, race, or disability)

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Thank you for your time and thoughtful responses