

COMMUNITY INPUT SURVEY

A Joint Project of Oregon Child Development Coalition and Umatilla Morrow Head Start, Inc

Dear Community Member:

Our agencies are working together to seek input about the communities we serve and the families in those communities. We want to provide the most appropriate services possible for the families based on the community's strengths and needs. We are asking for your help by providing your opinions and comments. Please take a few moments to complete this questionnaire and return it in the enclosed envelope. Thank you for your assistance.

Name of Agency or Organization: _____

Street Address: _____

	City	State	Zip Code
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Mailing Address: _____

	City	State	Zip Code
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Contact Person: _____

Name	Telephone Number
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1. Which category best describes you. (please mark just one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Parenting Teen | <input type="checkbox"/> Child Care Provider | <input type="checkbox"/> Business Person |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Health/Dental Provider | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Human Services Professional | <input type="checkbox"/> Clergy |

2. What type of agency/organization do you represent? (please check all that describe your agency)

- | | |
|--|---|
| <input type="checkbox"/> Assistance to children (child care/child welfare) | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Community organization/advocacy group | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Information and Referral |
| <input type="checkbox"/> Education | <input type="checkbox"/> Legal Aid |
| <input type="checkbox"/> Emergency Aid | <input type="checkbox"/> Multi-Purpose Community Center |
| <input type="checkbox"/> Employment and Training | <input type="checkbox"/> Substance Abuse Assistance |
| <input type="checkbox"/> Family Services (counseling) | <input type="checkbox"/> Other _____ |

3. If an agency, what type of services do you provide? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Life Skills Training |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Linkage to Public Assistance |
| <input type="checkbox"/> Case Mgmt/Service Coord. | <input type="checkbox"/> Health Care-children | <input type="checkbox"/> Literacy |
| <input type="checkbox"/> Child Care/Development Serv | <input type="checkbox"/> Health Care-Dental | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Community Organizing | <input type="checkbox"/> Health Care-Mental | <input type="checkbox"/> Outreach/Referral |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Health Care-Physical | <input type="checkbox"/> Parenting Education |
| <input type="checkbox"/> Emergency Clothing | <input type="checkbox"/> Health Education/Prev. Care | <input type="checkbox"/> Prenatal/Preg Services |
| <input type="checkbox"/> Emergency Food | <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Services for Disabled |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Housing Provider | <input type="checkbox"/> Substance Abuse/Prev. Ed. |
| <input type="checkbox"/> Employment Trg/Counseling | <input type="checkbox"/> Information & Referral | <input type="checkbox"/> Summer School ages 6-12 |
| <input type="checkbox"/> Energy/Winterization Assist | <input type="checkbox"/> Language Assistance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Family Counseling/Support | <input type="checkbox"/> Legal Assistance/Counseling | <input type="checkbox"/> Other _____ |

4. Do you assist low income families/individuals or migrant or seasonal farm workers?

	Number Assisted?	Percent	Don't Know
a. Low Income?	_____	_____	_____
b. Migrant Farm workers or their family members? (workers that move from one geographic Location to another, within the state or out)	_____	_____	_____
c. Seasonal Farm workers or their family members? (workers that do not migrate from one location To another but perform temporary agricultural work)	_____	_____	_____

5. Do you provide special assistance to children with disabilities?

- Yes No

If yes, in what way? _____

6. Are the families you work with able to get the Head Start/child care they need?

- Yes No

If yes, where do they get these services? _____

If no, why not?

- No Head Start/child care available.
 Not eligible for available Head Start/child care services.
 Hours Head Start/child care available does not meet their work hour needs.
 Cannot afford child care.
 Other _____

7. What do you see as the three most significant strengths of your community?

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Religious involvement | <input type="checkbox"/> Social support networks | <input type="checkbox"/> Safety |
| <input type="checkbox"/> School involvement | <input type="checkbox"/> Recreational opportunities | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Medical care | <input type="checkbox"/> Community group involvement | <input type="checkbox"/> Child care |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Neighborhood involvement | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Family togetherness | <input type="checkbox"/> Dental care | <input type="checkbox"/> Public |
| <input type="checkbox"/> Other _____ | | |

8. What do you see as the three greatest challenges faced by children and families in your community?

- | | | |
|---|---|---|
| <input type="checkbox"/> Safety | <input type="checkbox"/> Vocational training opportunities | <input type="checkbox"/> Teen pregnancy |
| <input type="checkbox"/> School drop out | <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Illegal drugs | <input type="checkbox"/> Affordable child care | <input type="checkbox"/> Spousal abuse |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Accessible medical care | <input type="checkbox"/> Available child care |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Support services for teens | <input type="checkbox"/> days |
| <input type="checkbox"/> Delinquency | <input type="checkbox"/> Affordable recreational activities | <input type="checkbox"/> weekends |
| <input type="checkbox"/> Child care subsidies | <input type="checkbox"/> Accessible dental care | <input type="checkbox"/> evenings |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Employment opportunities | <input type="checkbox"/> Special needs |

If there are other challenges you feel your community faces that are not listed, please add them: _____

Please indicate why you feel the three challenges are a concern to your community: _____

9. Are there populations of special concern in your community?

- | | | |
|---|--|---|
| <input type="checkbox"/> Teenagers | <input type="checkbox"/> Single parents | <input type="checkbox"/> Infants and Toddlers |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Preschool Children |
| <input type="checkbox"/> People with disabilities | <input type="checkbox"/> School age children | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Parenting grandparents | <input type="checkbox"/> Other _____ | |

10. Which of the following services do you feel are needed by low income families or migrant and seasonal farm workers, but are not available in our community?

- | | | |
|---|--|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Life Skills Training |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Linkage to Public Assistance |
| <input type="checkbox"/> Case Mgmt/Service Coord. | <input type="checkbox"/> Health Care-children | <input type="checkbox"/> Literacy |
| <input type="checkbox"/> Child Care/Development Serv. | <input type="checkbox"/> Health Care-Dental | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Community Organizing | <input type="checkbox"/> Health Care-Mental | <input type="checkbox"/> Outreach/Referral |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Health Care-Physical | <input type="checkbox"/> Parenting Education |
| <input type="checkbox"/> Emergency Clothing | <input type="checkbox"/> Health Education/Prev. Care | <input type="checkbox"/> Prenatal/Preg. Services |
| <input type="checkbox"/> Emergency Food | <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Services for Disabled |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Housing Provider | <input type="checkbox"/> Subst. Abuse/Prev. Ed. |
| <input type="checkbox"/> Employment Trg/Counseling | <input type="checkbox"/> Information & Referral | <input type="checkbox"/> Summer Schl ages 6-12 |
| <input type="checkbox"/> Energy/Winterization Assist | <input type="checkbox"/> Language Assistance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Family Counseling/Support | <input type="checkbox"/> Legal Assistance/Counseling | <input type="checkbox"/> Other _____ |

11. Please indicate the five greatest barriers to low income families and migrant and seasonal farm workers receiving assistance in our community:

- | | |
|---|---|
| <input type="checkbox"/> Client apathy | <input type="checkbox"/> Lack of availability of Head Start services |
| <input type="checkbox"/> Comfort level with staff and/or agencies | <input type="checkbox"/> Lack of awareness of services offered |
| <input type="checkbox"/> Conflicting rules/requirements among providers | <input type="checkbox"/> Lack of transportation |
| <input type="checkbox"/> Duplication of services among agencies | <input type="checkbox"/> Language |
| <input type="checkbox"/> Eligibility requirements | <input type="checkbox"/> Length of waiting lists |
| <input type="checkbox"/> Hours agencies are open | <input type="checkbox"/> Location of assistance agencies |
| <input type="checkbox"/> Lack of accessibility for disabled | <input type="checkbox"/> Service fees |
| <input type="checkbox"/> Lack of availability of child care | <input type="checkbox"/> Staff don't seek input on improving services |
| <input type="checkbox"/> Other _____ | |

12. Do you think the number of migrant and seasonal farm workers present in our community has changed in the last year?

- Yes No

In what way? _____

Why have things changed? _____

How have you noticed they have changed? _____

13. Do you think that service availability for low income families and migrant and seasonal farm workers in our community has changed in the last year?

- Yes No

In what way? _____

Why have things changed? _____

14. What can the Regional Head Start and the Migrant Head Start programs do to help low income families and migrant and seasonal farm workers in our community?

15. If the quality of services provided in your community is weak, what do you see needs to be done to improve the services?

16. If the service is not available, do you see a need to develop those services? Yes No If so, which ones and how do you see these services being developed?

17. Would you be willing to collaborate with community partners to improve services to children and families in our community? Yes No If so, please give name, address, phone, and email address if available.

