

# Five County 2022 Community Needs Assessment Survey

Washington, Iron, Beaver, Garfield, and Kane Counties

**Thank you for providing input on needs of the community. The data collected through this survey will be used to inform community leaders about issues facing your County and used to evaluate existing/future program(s) from non-profit and public agencies.**

**\*\*\*\*\* A drawing for gift cards will be done May 31, 2022. The email address provided on question #28 will be the contact method if you win.**

\* 1. What is your race?

- |   |   |
|---|---|
| <input type="radio"/> African American or Black         | <input type="radio"/> Native Hawaiian or other Pacific Islander |
| <input type="radio"/> Asian                             | <input type="radio"/> Biracial or multiracial                   |
| <input type="radio"/> Alaskan Native or American Indian | <input type="radio"/> Other                                     |
| <input type="radio"/> Caucasian or White                |   |

\* 2. Are you Hispanic or Latin/o/a/x?

- Yes  
 No

\* 3. Select your gender

- |  |   |
|--|---|
| <input type="radio"/> Female             | <input type="radio"/> Transgender Male      |
| <input type="radio"/> Male               | <input type="radio"/> Gender non-conforming |
| <input type="radio"/> Transgender Female | <input type="radio"/> Prefer not to answer  |

\* 4. What is your age?

- |   |   |
|---|---|
| <input type="radio"/> 17 years old or younger | <input type="radio"/> 45-54 years old       |
| <input type="radio"/> 18-23 years old         | <input type="radio"/> 55-69 years old       |
| <input type="radio"/> 24-44 years old         | <input type="radio"/> 70 years old or above |

5. What is your household type

- |  |  |
|--|--|
| <input type="radio"/> Single parent (female)               | <input type="radio"/> Living with partner                          |
| <input type="radio"/> Single parent (male)                 | <input type="radio"/> Single person                                |
| <input type="radio"/> Married with children in the home    | <input type="radio"/> Multiple adults with no children in the home |
| <input type="radio"/> Married with no children in the home | <input type="radio"/> Multiple adults with children in the home    |

\* 6. What is your household size:

1-3 members

10-12 members

4-6 members

13+ members

7-9 members

7. What county do you currently live in?

Beaver

Garfield

Iron

Kane

Washington

8. What is your education level?

7th grade or lower

8th-11th grade

High School Diploma or GED

Vocational training

Some college

2 years of college or Associate Degree

4 years of college or Bachelor's Degree

Master's Degree or beyond

\* 9. Are you a local elected official?

Yes

No

10. Do you work as a human service provider? (non-profit, for-profit, government)

Yes

No

\* 11. What is your current housing situation?

- Renting
- Own
- Living with family or friends
- At risk of losing housing
- Living in an emergency shelter
- Living in a motel
- Homeless (living in a place not considered habitable ex: car, abandoned building, camping)
- Other

12. How many years have you lived at your current residence?

- Less than one year
- 1-2 years
- 3-5 years
- 5-10 years
- Over 10 years

\* 13. If you rent, has your rent increased within the past two years?

- I don't rent
- Yes
- No

\* 14. Have you received any third party help for rent and/or utilities?

- Yes
- No, I pay it all myself
- No, family/friends have been helping
- No, but I need help with these things now

\* 15. Do you feel safe in your home and/or neighborhood?

- Yes
- No

\* 16. What would make you feel safer in your home and/or neighborhood? (Check all that apply)

- Add sidewalks/ADA accessibility
- Add street lighting
- Remove insect infestation
- Reduce crime
- Improve building safety
- Address animal concerns
- Establish a more positive relationship between renters and landlords
- Improve relationships with other household members and/or neighbors

17. Does your household have health insurance?

- Yes, through an employer
- Yes, I pay for private insurance
- Yes, I receive Medicaid/Medicare/CHIP/PCN
- Yes, veterans insurance
- No, I do not have health insurance

\* 18. Does anyone in your household NOT have health insurance (Check all that apply)

- Adult(s)
- Child(ren)
- All covered
- Other (please specify)

\* 19. Please select your household income

- less than \$20,000 / year
- \$20,000 - \$34,999 / year
- \$35,000 - \$49,999 / year
- \$50,000 - \$74,999 / year
- \$75,000 - \$99,999 / year
- over \$100,000 / year

\* 20. Select the answer that best describes your type of income:

- Not employed
- Employed part-time
- Employed full-time
- Seasonal employment only
- Employed with multiple jobs
- Receiving income from Social Security and/or retirement plan
- Currently receiving temporary assistance from the Department of Workforce Services (DWS)(such as FEP, General Assistance, Unemployment Benefits, etc.)
- Self-employed

21. Do your household expenses exceed your household income?

- Yes
- No
- Sometimes

22. If you received a tax return this year, how did you spend it? (Check all that apply)

- I did not receive a tax return/refund
- Savings (including 401K, college fund, etc.)
- Paying bills
- Rent/mortgage payments
- Transportation
- Child support/alimony
- Back taxes
- Food
- Education
- Vacation/entertainment/games

23. Were you aware of the child tax credit?

- Yes
- No

24. How did you spend your child tax credit? how did these funds help your family?

- It was put into a savings account
- It was used to pay household expenses/bills
- It was used for education costs
- Other (please specify)
- I did not receive the child tax credit

- None of the above - I didn't receive the child tax credit

25. What is preventing you from furthering your education? (Check all that apply)

- Don't need/want to further education at this time
- No reliable transportation
- No reliable child care
- Not enough time
- Other (please specify)
- Education is too expensive
- Income would not increase with further education
- No degree or program I am interested in
- Education needs not met in education system

\* 26. Are you aware of community resources for physical health concerns?

- Yes
- No

27. Are you aware of community resources for mental health concerns?

- Yes
- No

28. Do you have safe and reliable transportation to get where you need/want to go? (Check all that apply)

Yes, personal vehicle

Yes, bus

Yes, shared vehicle

No

Yes, bike

Other (please specify)

29. Rank categories in order of most to least accessible to you and your family, 1 being the least and 7 being the most.

  
  
Housing

  
  
Use of income

  
  
Employment

  
  
Health

  
  
Transportation

  
  
Food/nutrition

  
  
Education

30. Would you like to receive information about resources available to individuals and families in our community? Type your email address below to be entered into the drawing for a gift card.

No

Yes