M**oore Community House Early Head Start**

**Community Needs Assessment Survey**

**2018-2019**

Moore Community House is gathering information regarding services that are needed and problems affecting people in the community. Because we value your opinion, the information you provide will be used to improve these conditions in the community.

**Completely Fill Out This Questionnaire, All Information Is Completely Confidential.**

**Tell us about you?**

1. What is your zip code? 🔿 Biloxi (39530,39531,39532), 🔿D’Iberville (39540) 🔿Gulfport (39501, 39503,39507) 🔿Long Beach (39560)🔿Pass Christian (39571)🔿Saucier (39574)
2. What is your marital status?🔿Single (Never been married) 🔿 Married and/or domestic partnership,🔿Widowed🔿Divorced🔿Separate
3. What is your gender? 🔿 Male 🔿 Female
4. What is your age range? 🔿18-20-Year-Old🔿21-29-Year-old 🔿30-39-Year-Old 🔿40-49-Year-Old

🔿50+ Year Old

1. What is your race?🔿White 🔿Black 🔿Asian 🔿Biracial
2. Are you of Hispanic, Latino, or of Spanish origin?🔿Yes 🔿 No
3. What language do you speak at home? 🔿English 🔿Spanish 🔿 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What is your citizenship?🔿 US Citizen,🔿 Legal Residents 🔿 Non-Citizen

**Family and Household Information**

1. Which of the following best describes your family? 🔿Two Parent Household, 🔿One Parent Household
2. Are there children under the age of 3 in the home? 🔿Yes 🔿 No
3. What is the relationship to the children? 🔿Biological Children,🔿Step Children, 🔿Foster Children,

🔿 Legal Guardian of Children, 🔿Grandchildren

1. Is the father involved in the child’s life? 🔿Yes 🔿 No
2. Are you caring for a child whose parent is incarcerated? 🔿Yes 🔿 No

**Education of Adults**

1. What is your highest level of education? 🔿Dropped out of High School, 🔿High School Diploma or GED, 🔿Some Degree or College Degree🔿Job Training Certificate
2. Are you currently in school? 🔿Yes 🔿 No
3. If yes, what type of school do you attend?🔿High School🔿College🔿Job Training Program

**Childcare**

1. Does your child participate in MCH-EHS program? 🔿Yes 🔿 No
2. Does your child participate in any other local childcare programs in the area? 🔿Yes 🔿 No
3. If you utilize child care services, what do you look for in quality services? 🔿Cost, 🔿Availability, 🔿Location, 🔿Dependability, 🔿Quality of Care
4. Does the lack of childcare hinder you from job training or education? 🔿Yes 🔿 No
5. Do you think that families in our community have access to adequate childcare? 🔿Yes 🔿 No

**Employment**

1. Are you currently employed? 🔿Yes 🔿 No, Unemployed 🔿No, retired or disabled
2. What is your annual household income? 🔿$0 to $2,999,🔿$3,000 to $5,999, 🔿$6,000 to $8,999, 🔿$9,000-$11,999, 🔿$12,000 - $14999 🔿$15,000 and over
3. Where are you currently employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🔿N/A
4. Do you currently get any kind of public assistance?
	1. TANF 🔿Yes🔿 No
	2. SSI 🔿Yes🔿 No

**Financial Literacy**

1. What kind of banking do you have? 🔿 Checking 🔿Saving 🔿Both 🔿Neither
2. Rate your financial behaviors from:

**➀ Never ➁Sometimes ➂Always**

* 1. I keep track of my expenses on a regular basics. **➀➁➂**
	2. I put money aside for savings and emergencies ➀➁➂
	3. I pay my credit cards bills on time each month. ➀➁➂
	4. I pay my bills on time each month ➀➁➂
	5. I prepare a budget each month. ➀➁➂
	6. I use payday lenders and check cashing places. ➀➁➂
1. I know my credit score and know how to find it. 🔿Yes 🔿 No
2. I feel confident in my financial decisions. 🔿Yes 🔿 No

**Homelessness, Housing and Transportation**

1. Which of the following best describes your current living situation?
	1. 🔿Own Home, 🔿Rent Home, 🔿Section 8 Housing, 🔿Homeless, 🔿Live with people on consistent basic and/or moves frequently between homes.
2. How many times have you moved in the past year?🔿 None, 🔿Once,🔿Twice or more
3. Have you lost your home due to foreclosure, not being able to pay rent or had your utilities turn off? 🔿Yes 🔿 No
4. What was your primary mode of transportation? 🔿Own Vehicle, 🔿Public Transportation, 🔿 Ride with others in a carpool or vanpool, 🔿Cycle to work, 🔿walk to work,🔿 Family member and or friend takes me to work
5. How many miles do you travel to work or school a day? 🔿Less than 5 🔿Six to Ten Miles🔿Ten to Twenty Miles

**Disabilities and Overall Health and Wellness**

1. Do you (adult) currently have health insurance? 🔿Yes 🔿 No
2. Does your child/children have healthcare coverage? 🔿Yes🔿 No
3. What type of healthcare do you currently have for your children? 🔿Chips/ Medicaid 🔿Private 🔿Other
4. Do you (adult) currently have a consistent healthcare provider? 🔿Yes 🔿 No
5. Does your child/children have a consistent healthcare provider?🔿Yes 🔿 No
6. Has your child or children been diagnosed with a disability?🔿Yes 🔿 No
7. Has your child received immunizations?🔿Yes 🔿 No
8. Do you get the flu shot or any other preventative shots? 🔿Yes 🔿 No
9. Do you(adult) have dental coverage?🔿Yes 🔿 No
10. Does your child have dental coverage?🔿Yes 🔿 No
11. Do you have any family members diagnosed with nutrition related diseases, such as diabetes, high blood pressure, high cholesterol?🔿Yes 🔿 No
12. Do you do any exercises on a regular Basis?🔿Yes 🔿 No
13. In an average day, how much screen time would you say that you and your child spend watching tv or on the phone? 🔿One or Two Hours a day🔿 Three or Four Hours a day 🔿Four or Five Hours a day.
14. When it comes to managing Digital Screen Time (computers, smartphones, games consoles, etc.) with your child(ren), what is the #1 single biggest challenge you are facing right now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. Overall how would you rate your mental health? ➂ Not good ➁Good ➀ Excellent
16. Do you have any family member that has been diagnosed with a mental disorder?🔿Yes 🔿 No
17. Do you have any family members that are addicted to prescription drugs or other illegal substance? 🔿Yes 🔿 No
18. Do you have any family members that have received treatment for prescription drugs or other illegal substance? 🔿Yes 🔿 No
19. Do you smoke cigarettes or smokeless tobacco?🔿Yes 🔿 No
20. How old were you when you first started smoking cigarettes or smokeless tobacco?🔿14 and Younger 🔿15-17 🔿18-20 🔿21-29 🔿30-39 🔿40-Older🔿NA
21. Do you agree or disagree that people should be protected from secondhand smoke? 🔿Agree 🔿Disagree
22. Do you agree or disagree that children are more likely to become smokers if they are used to seeing adults around them smoke? 🔿Agree 🔿Disagree
23. Do you agree or disagree that secondhand smoke is harmful to adults and children?🔿Agree 🔿Disagree

**Infant/ Pregnancy Health**

1. Are you currently pregnant?🔿Yes 🔿No 🔿N/A
2. If yes, are you currently receiving prenatal care?🔿Yes 🔿No 🔿N/A
3. If yes, are you considered a high-risk pregnancy?🔿Yes 🔿No 🔿N/A
4. If yes, are you under 19 years old? 🔿Yes 🔿 No 🔿N/A
5. Did you ever breastfeed your baby, even just one time?🔿Yes 🔿 No 🔿N/A
6. Do you or did you practice safe sleep with your baby?🔿Yes 🔿 No🔿N/A

**Nutrition**

1. Where do you usually buy your groceries?🔿Convenience Stores 🔿Discounts Stores🔿Grocery Stores 🔿Farmers Markets 🔿Eat Out
2. How far from your home is a grocery store (Piggly Wiggly, Food Giant, Wal-Mart, etc.)?🔿I travel up to 1 to 5 miles to the grocery store. 🔿I travel up to 5 to 10 miles a day to go to the grocery store.🔿I travel to 10 miles a day to the grocery store.
3. Do you have a hard time stretching your food budget to the end of the month?🔿Yes 🔿 No
4. Do you feel that you eat enough fruits and vegetables, eggs, milk and whole grains?🔿Yes 🔿 No
5. Do you/your children receive the following?
	1. WIC 🔿Yes 🔿No
	2. SNAP🔿Yes 🔿No
	3. Free/Reduced Lunch 🔿Yes 🔿No
	4. Use of Food Distribution Programs 🔿Yes 🔿No

**What additional resources would you like to see in the community**

1. Assistance with marital and personal relationship 🔿Needed 🔿Not needed
2. Child care 🔿Needed 🔿Not needed
3. Assistance with Language Barriers 🔿Needed 🔿Not needed
4. Mental Health Services🔿Needed 🔿Not needed
5. Child Abuse/Domestic Services 🔿Needed 🔿Not needed
6. Safety in School/Work 🔿Needed 🔿Not needed
7. Disability Services 🔿Needed 🔿Not needed
8. Education support/tutoring services🔿Needed 🔿Not needed

**Do you use or have you used services from the following organizations?**

1. El Pueblo 🔿Yes 🔿No
2. Harrison County Public Library🔿Yes 🔿No
3. Mississippi Center for Justice 🔿Yes 🔿No
4. Bethel and/or Bethsheba Free Health Clinics 🔿Yes 🔿No
5. Women’s Center for Non-Violence 🔿Yes 🔿No
6. Harrison/Jackson County Civic Action LIHEAP (utility assistance) 🔿Yes 🔿No
7. Coastal Family Health 🔿Yes 🔿No
8. Women in Construction 🔿Yes 🔿No
9. Catholic Diocese Food Bank/Utility Assistance🔿Yes 🔿No
10. Back Bay Mission 🔿Yes 🔿No
11. Biloxi Housing Authority 🔿Yes 🔿No
12. Boat People SOS 🔿Yes 🔿No