

Christ the King Church: Community Needs Assessment

April 2015

Age: _____ Gender _____

Race: Caucasian African American Asian Other: _____

Ethnicity: Hispanic Non-Hispanic

Highest level of education completed:

- Grades 1-8
- Grades 9-11
- Grade 12 or GED
- Some college/technical school
- College graduate
- Some post-college education
- Post-college graduate

How many people live in your household? _____

How many children under 18 live in your household? _____

Do you rent or own your home? Rent Own

How long have you lived in your current residence? _____

Do you feel safe in your neighborhood? Y N

Do you feel a sense of community with others in the neighborhood? Y N

Please describe the employment status for member(s) of your household (adults over 18 only):

- | | |
|---|---|
| <input type="checkbox"/> Full-time employment | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Part-time employment | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Full-time homemaker | <input type="checkbox"/> Unemployed less than 3 months |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Unemployed greater than 3 months |
| <input type="checkbox"/> Student | <input type="checkbox"/> Other: _____ |

If employed outside the home, what type of work do you do?

What do you think are 3 major barriers, if any, to employment in this community?

Does the community has space to use for meetings and/or classes? Y N

Is your food supply adequate? Y N

Where do you purchase the majority of your groceries? _____

What are barriers to obtaining and preparing nutritious meals? _____

What is your primary mode of transportation? _____

How would you rate your health? Excellent Very Good Good Fair Poor

Do you have a primary care physician? Y N

When is the last time you visited a physician for a routine health check-up?

Do you have health insurance? Y N If so, what type: _____

What are barriers to receiving regular health care? _____

Do you identify with a particular religion or faith background? Y N

If so, which one? _____

Do you attend church or religious services? Y N

If so, where? _____

Please select the top 3 services you feel are lacking in your community:

- | | |
|---|--|
| <input type="checkbox"/> Community garden | <input type="checkbox"/> Health screenings |
| <input type="checkbox"/> Food pantry | <input type="checkbox"/> Cooking demonstrations |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Community social event(s) |
| <input type="checkbox"/> Car repair | |
| <input type="checkbox"/> Financial counseling | |