



## COMMUNITY ASSESSMENT ASSISTANCE NEEDED

It is time for our agency to complete our Community Assessment. This assessment will help us identify the strengths and needs in the community, which in turn will allow us to tailor our services to best serve those needs.

One of the most important aspects of this process is gaining insight from the citizens of Clinton County on what they see as strengths and what challenges they believe the community faces.

The survey link below will allow you to provide your input on which is critical to the success of this project.

Please complete the survey and share with as many people as possible. The greater the number of people who provide input, the more accurate the survey will be and the larger the impact it will have.

We thank you in advance for your assistance and participation.

You can access the survey by scanning the QR Code below with your smartphone or tablet, go to <https://www.surveymonkey.com/r/F77TCFH>, or mailing a completed paper copy back to Community Action.



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[www.clintoncap.org](http://www.clintoncap.org)



## Community Resources Survey

### 1. Which community sectors and relationships best describe you?

- Community Based Organization
- Faith Based Organization
- Business (Private Sector)
- Employee (city/county)
- Education
- Low-Income
- Medical Professional/Healthcare/Mental Health/Substance Abuse Agency
- Head Start Parent
- Media
- Civic/Volunteer Group
- Donor - Community Action
- Volunteer - Community Action
- Board Member - Community Action

### 2. What is your gender?

- Female
- Male
- Other (please specify)

### 3. What is your Race?

- White
- Black or African American
- Hispanic or Latino
- Asian or Asian American
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Another race
- Other (please specify)

4. What is your ethnicity?

- Hispanic
- Non Hispanic

5. Age Group:

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

6. What is the Highest Level of school you have completed or the highest degree you have received?

- Less than high school diploma
- High school degree or equivalent (e.g. GED)
- Trade School
- Some college but no degree
- Associate Degree
- Bachelor Degree
- Graduate Degree

7. Which of the following categories best describes your employment status?

- Full Time - 32 hours or more per week
- Part Time - less than 32 hours per week
- Self Employed
- Not employed and looking for work
- Not employed and not looking for work
- Retired
- Disabled, not able to work

8. Housing Status:

- Own
- Rent
- Hotel/Motel
- Assisted Living
- Homeless - street/car
- Homeless - shelter/group home/transitional housing
- Other (please specify)

9. What is your Family situation? (Choose the one that best describes your Household)

- Single Parent - Female
- Single Parent - Male
- Two Parent Household
- Single Person (no children in home)
- Two Adults (no children in the home)
- Household with Foster Children
- Household with Kinship Children

10. In the following list, which issues do you consider to be a problem in our community?  
(Check all that apply.)

- Drug abuse
- Substance abuse
- Mental Health
- Diet (access to healthy food)
- Food resources
- Safety in homes
- Affordable housing
- More medical providers
- More clothing providers
- More means of transportation
- Better wage jobs
- More services for senior citizens
- More services for children/youth
- Center based childcare
- Home based childcare

11. What are 3 crucial issues facing the county?

1.

2.

3.

12. Have you used any Clinton County Community Action Programs in the past 12 months?

Yes

No

13. If yes, which services did you access in the past 12 months? (please select all that apply)

Head Start

CARS Program

Home Weatherization

Rental Assistance

HEAP (utility assistance)

Food Pantry

Medical Transportation Assistance

Clinton Maid homemaking services

ESP homemaking services

Homeowners assistance

PIPP (Percentage of Income Payment Plan)

Senior services

Home Delivered Meals

Congregate Meals

Supportive Services

Socialization

Transportation

14. Have you received assistance from any other agency in the past 12 months?

Yes

No

15. If yes, which services did you access in the past 12 months? (Please select all that apply)

- JFS (Job & Family Services) (could include job assistance, child support, SNAP, cash assistance)
- Your Fathers Kitchen
- Homeless Shelter
- Addiction Services
- Medical Costs
- Prescription Assistance
- Domestic Violence
- Legal Services
- Parenting Assistance
- Food Assistance
- Rental Assistance
- Transportation Assistance
- GED/Adult Education
- WIC
- Help Me Grow
- Assistance from a Church
- Mental Health Services
- Clinton Metropolitan Housing Authority (HUD)

16. What are the top 3 strengths of our county?

- 1.
- 2.
- 3.

17. What types of services do you think would meet current community needs?

18. What are the top 3 things impacting housing and homelessness?

- 1.
- 2.
- 3.

19. What do you see as the most important issues that will likely impact the low-income community during the next 3 years?

20. The mission of Clinton County Community Action is to provide services to its clients to work toward self-sufficiency, while expanding resources to improve the lives of residents in the communities they serve.

21. If you are a client/customer of Clinton County Community Action are you pleased with the services provided by the agency?

- Yes
- No

22. If no, in what areas could the agency improve services provided?

23. Other general comments or questions?