

Deadline May 8
Send to Sherry Alexander



2015 SOUTH PLAINS COMMUNITY ACTION COMMUNITY NEEDS ASSESSMENT

SOUTH PLAINS COMMUNITY ACTION ASSOCIATION, INC.

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The purpose of this Community Needs Assessment is to identify the specific needs of the communities we serve, and to pursue opportunities to meet those needs. It is our hope that the programs that we administer can improve communities and enhance the lives of its residents.

Should you need assistance in completing this assessment, please contact the phone number above or visit your local SPCAA Neighborhood Service Center; someone from the SPCAA team will gladly assist you.

We appreciate your willingness to assist us in identifying these needs within your community.

City of Residence: _____ County of Residence: _____

Date: _____ Age: _____ Gender: _____ Household Size: _____

| | | |
|--|---|---|
| <input type="checkbox"/> SPCAA Program Participant | <input type="checkbox"/> SPCAA Employees only | <input type="checkbox"/> Board/Committee Members only |
| <input type="checkbox"/> Health/Human Service Agency | <input type="checkbox"/> Senior Staff | <input type="checkbox"/> Private Sector |
| <input type="checkbox"/> Social Service Agency | <input type="checkbox"/> Mid-Management | <input type="checkbox"/> Public Sector |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Frontline Staff | <input type="checkbox"/> Target Sector |

Respondents should indicate either their own individual needs, or needs that they have identified within their community. Please indicate the level of need by placing "X" in the appropriate box:

| CATEGORY | NEEDS | Major Need | Minor Need | No Need | Unsure |
|--------------------|---|------------|------------|---------|--------|
| General Assistance | Help with applying for Social Security, SSDI, WIC, TANF, etc. | | | | |
| | Help finding resources in the community | | | | |
| | Finding Child Care | | | | |
| | Food | | | | |
| | Transportation | | | | |
| | Legal Services | | | | |
| Case Management | Help with goals and self-sufficiency | | | | |
| Community | Neighborhood clean-up projects | | | | |
| | Crime awareness/reduction | | | | |
| | Public parks and facilities | | | | |
| | Employment opportunities | | | | |

| CATEGORY | NEEDS | Major Need | Minor Need | No Need | Unsure |
|-----------------------|---|------------|------------|---------|--------|
| Education | GED classes | | | | |
| | English as a Second Language Classes | | | | |
| | Adult Education or Night School | | | | |
| | Computer Skills Training | | | | |
| | Assistance to attend trade or technical school or college | | | | |
| Employment | Help finding a job | | | | |
| | Help with job skills, training & job search | | | | |
| Family Support | Financial education/budgeting classes/credit counseling | | | | |
| | Parenting Classes | | | | |
| | Nutrition education/healthy eating education workshops | | | | |
| | Classes on healthy relationships, resolving conflicts, etc. | | | | |
| | Counseling services | | | | |
| | Programs and activities for youth (ages 12-18) | | | | |
| | Programs and activities for seniors | | | | |
| Housing | Affordable housing | | | | |
| | Help paying rent | | | | |
| | Help with utility bills | | | | |
| | Help to make my home more energy efficient (weatherization) | | | | |
| Medical | Health insurance/affordable medical care | | | | |
| | Prescription assistance | | | | |

| OPINION/FEEDBACK | Yes | No |
|--|-----|----|
| Through its programs and services, is SPCAA meeting the needs of low-income consumers in its service area? | | |

Are there specific programs or services that you'd like to see in your community?

Do you wish to provide any comments/feedback/improvement for any of the following SPCAA Divisions?

() Child Care Services () Community Services () Early/Head Start () Health Services

() Housing Division () SPARTAN Transportation () Workforce Solutions () Other

Thank you for taking the time to complete the 2015 SPCAA Community Needs Assessment!