

Community Needs Assessment Survey

Pierce County Human Services is developing its five-year HUD Consolidated Plan for the 2020 through 2024 program years. The following survey is designed to help the County understand its housing, homeless, and community development needs. Your help today will ensure the County allocates its resources in the most effective manner to address those needs. Your opinion is important to us! Please take a few minutes to complete both sides of this survey. If you have any questions, please contact Vy Yun, Office Assistant III, (253) 798-6109 or vy.yun@piercecountywa.gov.

What is your age?

12-17 18-24 25-44 45-54
 55-59 60-64 65-74 75+

What is your gender?

Female Male
 Trans Male Trans Female
 Gender Non-conforming/non-binary

What is your ethnicity? Check only one.

Hispanic/Latino
 Non-Hispanic/Latino

What is your race? Check only one.

American Indian/Alaska Native
 Asian
 Black or African American
 Native Hawaiian/Pacific Islander
 White
 Other Specify: _____
 Multi-race (2 or more of the above)

What is the highest level of education you completed? Check only one.

Did not complete high school
 High School Graduate / GED
 Some College or post-secondary education
 Associates Degree / Trade School
 College Graduate Bachelor's degree
 Masters or PHD

What is your Zip Code? _____

How many years have you lived in Pierce County?

Indicate in approximate years _____

Are you the head of your household?

Yes No

Does anyone in your household have a disability?

Yes No

What are your sources of income?

Check only one.

Employment
 Unemployment Insurance
 Supplemental Security Income (SSI)
 Social Security Disability Income (SSDI)
 VA Service Connected Disability
 VA Non-Service Connected Disability
 Private Disability Insurance
 Workers Compensation
 Assistance for Needy Families (TANF)
 Aging/Blind/Disabled or Housing Essential Needs (HEN)
 Retirement from Social Security
 Pension or Retirement Income from a former job
 Child support
 Alimony and other Spousal Support
 Other (please specify): _____

Gross Annual Income:

\$0 to \$22,400
 \$22,401 to \$37,300
 \$37,301 to \$59,700
 Over \$59,700

Do you own or rent your home?

Own
 Rent
 Homeless (if yes how long)
 0-1 year
 1-3 years
 Over 3 years
 Other (please specify): _____



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How many adults (18 & older), counting yourself, live in your household? _____

What primary language(s) are used in your home?

How many children (ages birth-17) live in your household? _____

Are your monthly housing expenses:
_____ under 30% of monthly income
_____ between 30% and 50% of monthly income
_____ over 50% of monthly income

Of this extensive list, please mark with an X the 5 highest priorities and/or most pressing issues for you and your family

- | | |
|---|---|
| <input type="checkbox"/> Job training programs | <input type="checkbox"/> Foreclosure Prevention/Assistance |
| <input type="checkbox"/> Employment opportunities | <input type="checkbox"/> Domestic Violence Services/Shelter/Housing |
| <input type="checkbox"/> Education for pre-kindergarten children | <input type="checkbox"/> Food programs/lack of food |
| <input type="checkbox"/> Education for adults | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Utility bill assistance (gas, electricity, water, garbage, etc.) | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Rent and/or Deposit assistance | <input type="checkbox"/> Child care |
| <input type="checkbox"/> Rent voucher programs (i.e. Section 8) | <input type="checkbox"/> In-home care for disabled adult |
| <input type="checkbox"/> Affordable rental housing for individuals | <input type="checkbox"/> Services for child with disability |
| <input type="checkbox"/> Affordable rental housing for families | <input type="checkbox"/> Availability of health and medical care |
| <input type="checkbox"/> Affordable rental housing disabled persons | <input type="checkbox"/> Affordable health insurance |
| <input type="checkbox"/> Affordable rental housing for seniors | <input type="checkbox"/> Affordable dental care |
| <input type="checkbox"/> Permanent Supportive Housing for Homeless | <input type="checkbox"/> Substance abuse services |
| <input type="checkbox"/> Transitional Housing for Homeless | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Emergency Shelters for Homeless | <input type="checkbox"/> Interpreter or translation services |
| <input type="checkbox"/> Homebuyer/Downpayment assistance | <input type="checkbox"/> Recreation, community activities |
| <input type="checkbox"/> Home maintenance, repair and/or rehabilitation | <input type="checkbox"/> Veterans Services |
| | <input type="checkbox"/> Other _____ |

What other comments do you have?

Thank you for participating today! If you are open to speaking with us further and in more detail about the needs of your community and family, please leave your contact information below.

Name: _____ Phone: _____

E-mail: _____