



A Needs Assessment of Emergency/Basic Needs Services in Washington County, OR

This survey will take only about five minutes to complete. Please complete it and return in the enclosed postage-paid envelope as soon as possible, but no later than **Friday, August 20**. Questions? Please contact Lowell Great-house at CAO, 693-3220.

1. Does your organization RECEIVE any requests for emergency or basic needs services? (Examples are provided in the list on the top of the back side of this sheet.)

Yes

No → If you don't receive requests, you are finished with the survey. STOP NOW and mail it back.

2. Does your organization PROVIDE any emergency or basic needs services? (CHECK ALL THAT APPLY.)

Yes.

No, because providing such services is not part of our mission.

No, because there are not enough financial resources to do so.

No, because there is no one available to organize responses to requests.

No, because we are not sure what is needed or how to provide such services.

No, because providing such services is too complicated for an organization of our size.

No, because we wouldn't know how to determine legitimacy of the requests.

No, because of another reason: _____

No, because of another reason: _____

3. When you receive requests that you are not able to fulfill, do you refer individuals elsewhere?

No

Yes, though rarely.

Yes, occasionally.

Yes, usually.

If yes, what organizations
(name up to 3) receive the
most referrals from you?

A. _____

B. _____

C. _____

4. As providers in Washington County, ^{we} ~~how~~ ^{share to} ~~can we~~ ^{good} all do a better job of providing emergency and basic needs services? Not counting increased funding, please list the TWO MOST IMPORTANT changes that would let your organization meet more needs in Washington County. They might be policy changes, organizational changes, changes in political climate, whatever . . .

A. _____

B. _____

WHAT'S THIS NUMBER? Your survey information will be anonymous, but we need to know who has returned surveys so we can follow up to retrieve the others. This edge of the survey will be cut off before the data is entered.

Continued, over . . .

5. Place a check mark in one of the three boxes on each line to show if you've been asked to provide the service and if you do.

	Not asked to provide	Asked to provide, but don't	Provide
A. emergency housing for less than a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. emergency housing for a week or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. food baskets or vouchers for food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. financial assistance to pay for housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. financial assistance to pay for utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. financial assistance to pay for health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. financial assistance to pay for child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. financial assistance to pay for transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. household items (e.g., blankets, furniture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. protection in an abuse situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. mental health services for low-income citizens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. respite care for low-income citizens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. legal assistance in emergency situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. assistance in locating affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. assistance in locating affordable child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. assistance in locating employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. The services listed in Question 5 are lettered. Please indicate the most requested, second most requested and third most requested services by writing their letter in these blanks.

_____ Most requested _____ Second most requested _____ Third most requested

7. The IMPORTANCE of the services you provide may or may not be the same as the number of times the service is requested. Please indicate the most important, second most important and third most important services by writing their letters from Question 5 in these blanks.

_____ Most important _____ Second most important _____ Third most important

8. Using your best estimates, please fill in the two blanks in this statement.

Each year, we receive approximately _____ requests for emergency or basic needs services and are able to meet approximately _____ percent of them.

THANK YOU for providing this important information.