

EBCAP -RICAA Community Needs Assessment

Thank you for your participation in this survey funded by the Rhode Island Association of Community Action Agencies (CAP). The information you provide will be used to create a needs assessment. Your individual information will not be shared, but the results will be grouped with those of all participants. Our goal is to identify how your community is doing as well as emerging needs to influence legislative policy for the well-being of community residents and to introduce solutions and programs to better serve and support you, your family, and your community.

1. In the past 6 months are there basic needs that you did NOT have access to? (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Appliances (stove, microwave, refrigerator) | <input type="checkbox"/> Education for children (under age 18) | <input type="checkbox"/> Information about finances |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Employment skills | <input type="checkbox"/> Information Health Care |
| <input type="checkbox"/> Cleaning Supplies | <input type="checkbox"/> Enrichment activities for adults | <input type="checkbox"/> Information about services |
| <input type="checkbox"/> COVID Related Cleaning Supplies (wipes, disinfectant, etc). | <input type="checkbox"/> Enrichment activities for children | <input type="checkbox"/> Internet Access |
| <input type="checkbox"/> Clothing for adults | <input type="checkbox"/> Enrichment activities for seniors (adults 65+) | <input type="checkbox"/> Physical Safety |
| <input type="checkbox"/> Clothing for adults for work | <input type="checkbox"/> Food | <input type="checkbox"/> Recreational Activities for adults |
| <input type="checkbox"/> Clothing for children | <input type="checkbox"/> Furniture | <input type="checkbox"/> Recreational Activities for children |
| <input type="checkbox"/> Counseling/ Mental Health Care | <input type="checkbox"/> Home repairs | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Housing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Doctor/Medical Care | <input type="checkbox"/> Job Placement | <input type="checkbox"/> Utility Bill |
| <input type="checkbox"/> Education for adults (including GED, ESL, and College) | <input type="checkbox"/> Information about COVID | <input type="checkbox"/> No, I have access to all of the above. |

Other:

2. The cost of food is rising. How are you handling this?

- | | |
|--|--|
| <input type="checkbox"/> Cutting back on other expenses in other areas | <input type="checkbox"/> Eating less |
| <input type="checkbox"/> Using coupons | <input type="checkbox"/> Using a food bank/pantry more frequently than in the past |

Other:

3. Do you or anyone in your home receive any of these benefits? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> SNAP (Supplemental Nutrition Assistance Program) | <input type="checkbox"/> School Breakfast/lunch Program |
| <input type="checkbox"/> WIC (Women, Infants Children) | <input type="checkbox"/> No we do not receive any of these benefits |

Other:

4. Which best describes your household?

- | | |
|---|--|
| <input type="checkbox"/> Single adult. (no children) | <input type="checkbox"/> 2 or more adults with children |
| <input type="checkbox"/> Single parent | <input type="checkbox"/> Single grandparent with grandchild(ren) living with you |
| <input type="checkbox"/> Teen parent | <input type="checkbox"/> 2 grandparents with grandchild (ren) |
| <input type="checkbox"/> 2 or more adults and no children | |

5. Do you have children under 18 living with you?

- | | |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, 4 Children |
| <input type="checkbox"/> Yes, 1 Child | <input type="checkbox"/> Yes, 5 Children |
| <input type="checkbox"/> Yes, 2 Children | <input type="checkbox"/> Yes, 6 Children |
| <input type="checkbox"/> Yes, 3 Children | <input type="checkbox"/> Yes, more than 6 Children |

6. Do you have parents or a disabled adult that you are responsible for some of their care?

- | | |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, on a weekly basis |
| <input type="checkbox"/> Yes, on a daily basis | <input type="checkbox"/> Yes, on a monthly basis |

7. Are you currently employed?

- | | |
|--|---|
| <input type="checkbox"/> No, I am unemployed and looking for work | <input type="checkbox"/> Yes, I am working as many hours as I need to work |
| <input type="checkbox"/> No. I am retired | <input type="checkbox"/> Yes, I am working more hours than I would like to work |
| <input type="checkbox"/> No, I am unemployed and not seeking work. | <input type="checkbox"/> Yes, I am working fewer hours than I need to work |
| <input type="checkbox"/> No, I am unemployed and disabled | <input type="checkbox"/> Other <input type="text"/> |

8. Do you have health insurance?

- | | |
|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Employment Based Insurance | <input type="checkbox"/> Military Health Care |
| <input type="checkbox"/> Health Source RI | <input type="checkbox"/> Rite Care / Rite Share |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Other <input type="text"/> |

9. Please tell us about your housing.

- | | |
|--|---|
| <input type="checkbox"/> I am homeless | <input type="checkbox"/> I am living with friends |
| <input type="checkbox"/> I rent my home. | <input type="checkbox"/> I am living with parents |
| <input type="checkbox"/> I own my home | <input type="checkbox"/> I am living with other family members (not parents). |

10. Do you feel safe in your neighborhood?

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Most of the time | <input type="checkbox"/> Never |
| <input type="checkbox"/> Sometimes | |

11. What do you feel is needed to make your community a safer place? If you feel your community is safe, what do you feel is needed to *keep* your community safe?

12. The next few questions ask about "CAP Agency" when you see the word "CAP" we mean the following agencies:

- BVCAP - Blackstone valley Community Action
- CAPP -Community Action Partnership of Providence County
- CCA -Community Care Alliance
- CCAP - Comprehensive Community Action
- **EBCAP- East Bay Community Action**
- Tri-County Community Action
- Westbay Community Action

In the past year have you used EBCAP services?

- Yes No

13. What services were accessed at EBCAP agency? (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Food | <input type="checkbox"/> Parents as Teachers or Healthy Families of America |
| <input type="checkbox"/> Cleaning Supplies | <input type="checkbox"/> Furniture | <input type="checkbox"/> Pre-Kindergarten |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> GED | <input type="checkbox"/> Recreational Activities for adults |
| <input type="checkbox"/> Counseling - Mental Health Care | <input type="checkbox"/> HEZ Health Equity Zone | <input type="checkbox"/> Recreational Activities for children |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Health Care | <input type="checkbox"/> Referrals |
| <input type="checkbox"/> Diapers/Project Undercover | <input type="checkbox"/> Home repairs | <input type="checkbox"/> Rental or Mortgage Assistance |
| <input type="checkbox"/> Domestic Violence Services | <input type="checkbox"/> Housing | <input type="checkbox"/> Rhode Island Works |
| <input type="checkbox"/> Early Head Start/Head Start | <input type="checkbox"/> Housing Transitional | <input type="checkbox"/> Tax Assistance/VITA |
| <input type="checkbox"/> Education for Adult | <input type="checkbox"/> Information | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Education for a child | <input type="checkbox"/> Internet Access | <input type="checkbox"/> Substance Abuse Prevention |
| <input type="checkbox"/> Employment skills | <input type="checkbox"/> Job Placement Services | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> Emergency Financial Assistance | <input type="checkbox"/> Job Training | <input type="checkbox"/> Utility Bills |
| <input type="checkbox"/> Family Care Community Partnership (FCCP) | <input type="checkbox"/> LIHEAP (Heating Assistance) | <input type="checkbox"/> WIC |
| | <input type="checkbox"/> Maternal - Child Home Visiting | <input type="checkbox"/> Weatherization |

Other:

14. How did you learn about East Bay Community Action Program?

- | | |
|--|--|
| <input type="checkbox"/> A friend or relative told me about CAP Services | <input type="checkbox"/> Referred from a lawyer |
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Referred from police |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Referred from a social worker or other counselor |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Referred from a teacher |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Referred from another professional not listed above |
| <input type="checkbox"/> Radio advertisement | <input type="checkbox"/> Referred from a legislative office |
| <input type="checkbox"/> Twitter | <input type="checkbox"/> Referred from my town hall |
| <input type="checkbox"/> Referred from corrections | |
| <input type="checkbox"/> Referred from a doctor | <input type="checkbox"/> Other |

15. Do you know someone who is in need of services but does not access a CAP agency, if yes, why not? (check all that apply).

- | | |
|--|---|
| <input type="checkbox"/> No, I don't know anyone who is need of services who does not access a CAP | <input type="checkbox"/> They make a little bit too much money |
| <input type="checkbox"/> No way to get to the agency | <input type="checkbox"/> They speak a language that will not be understood at the agency. |
| <input type="checkbox"/> Afraid they will be reported to immigration services | <input type="checkbox"/> Hours when the agency s open does not fit with their schedule |
| <input type="checkbox"/> Other: <input type="text"/> | |

16. What are some businesses or services you would like in your community?

17. How do you get information? (check all that apply)

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Television |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other <input type="text"/> |

18. What is your zip code?

19. If you, or a friend, or a family member had a mental health need, would you know where to go or where to tell them to go?

- Yes No

20. Where would you go or refer them?

21. If you, or a friend, or a family member had a substance abuse problem, would you know where to go or where to tell them to go?

- Yes No

22. Where would you go or refer them?

23. If you, or a friend, or a family member had a domestic violence problem, would you know where to go or where to tell them to go?

- Yes No

24. Where would you go or refer them?

25. What is your gender?

Female

Transgender

Male

Prefer not to say

Nonbinary

Other

26. What is your age?

27. What is your race?

African American

Hawaiian/Pacific Islander

Alaska Native

Native American

Asian

White

Biracial or Multiracial

Other

28. What is your highest level of education?

Some high school

Some College

less than high school

College Graduate

GED

Advanced Degree, beyond college

High School Graduate

29. Which of the following bills are you behind on, if any? (check all that apply)

Credit Card

Electric Bill

Loans (Car, Pay Day)

Other Utilities

Rent or Mortgage

No, I am not behind on any of my bills

Heating/Gas/Propane

Other

30. If you are behind on any of your bills is it related to COVID?

Yes

No

I am not behind on my bills

31. As a result of COVID has your debt situation changed? (credit card, loans, etc.)

No additional debt

\$1,000 - \$5,000 of additional debt

More than \$5,000 of additional debt

32. If you would like to enter a drawing for a \$100 Stop & Shop gift card please provide your name and contact information below. Gift cards will be drawn weekly through the end of November. Your name will not be connected with the other information you shared; only the research team will see this information.