**FORT BELKNAP HEAD START/EARLY HEADSTART**

 **Community Needs Assessment Survey**

**2020**

YOUR OPINION IS **VERY** IMPORTANT TO THE FORT BELKNAP HEAD START/EARLY HEADSTART PROGRAM.

The Fort Belknap Head Start program would like to know how to best meet the needs of our Head Start families and communities. The survey is confidential and will help us continue to provide the best possible services and activities for you and your family. We appreciate you taking the time to answer all the following questions.

Please answer the following questions:

|  |  |  |
| --- | --- | --- |
| 1. | Are you enrolled with a federally recognized tribe? | **Yes or No** |
| 2. | Are your children currently enrolled?  | **Yes or No** |
| 3. | If answered yes what tribe? |  |
| 4. | Please List your current Age:  |  |
| 5. | My gender is: (Circle one) | Male | Female |
| 6. My annual household income is: (Please **CHECK** the Appropriate Box) |
| **No Income** |  | **$20,001.00 - $30,000.00** |  |
| **$0 - $5,000.00** |  | **$30,001.00 - $40,000.00** |  |
| **$5001.00 - $10,000.00** |  | **$40,001.00 - $50,000.00** |  |
| **$10,001.00 - $20,000.00** |  | **$55,000.00 and Higher** |  |
| 7. Please list number of family members currently living in your household including yourself:  |  |
| 8. | Number of children in household that are ages 0 to 3 years of age? |  |
| 9. | Number of children in household that are ages 3 to 5 years of age?  |  |
| 10. | Number of children living in household that are foster/adopted? |  |
| **Please circle Yes or No** |
| 11. | Is any member of household is currently pregnant? | **Yes or No** |
| 12. | Is any member of household currently a teen pregnancy?  | **Yes or No** |
| 13. | I have children that have previously attended Head Start. | **Yes or No** |
| 14. | I have children that are currently attending Head Start. | **Yes or No** |
| 15. | I have children currently enrolled in Early Head Start. | **Yes or No** |
| 16. | I have children previously enrolled in Early Head Start that transitioned to Head Start program. | **Yes or No** |
| 17. | I have children currently enrolled with Childcare Program | **Yes or No** |
| 18. | The community I live in is: *(Harlem, Agency Area, Chinook, Havre, Hays, Lodgepole, Malta, Dodson, etc.)* |  |
| 19. Describe family composition: *(Please* ***CIRCLE*** *the answer that best describes your family composition.)* |
| **Two-Parent Family** | **Single Parent Family** |
| **Multi-Generational Family** (Different generations of family members living in same household) | **Blended Family** (Family consisting of a couple with children from a previous relationship) |
| 20. My current housing situation is: (Please **CHECK** the box that best answers the question) |
|  | Home Owner | Renting (Private Owner/Landlord) |  |
|  | Low Rent Housing | Mutual Help Housing |  |
|  | Tax Credit Housing | 515 Housing Program |  |
|  | Renting Apartment | BIA Housing |  |
|  | IHS Housing | Teacher's Housing |  |
|  | College Student Housing | Staying at a shelter |  |
|  | Multi-Generational Family (Different generations of family members living in same household) | Homeless (Does not have own permanent night-time residence) |  |
| 21. The highest level of education I have completed is: *(Please check box that best answers the question.)* |
|  | Some High School |
|  | Hi-Step or High School Diploma |
|  | Job Corp  |
|  | Going to vocational school and/or job training (Voc-Rehab) |
|  | Currently attending college and or taking college courses |
|  | Some College |
|  | Associate's Degree |
|  | Bachelor's Degree |
|  | Master's Degree or higher |
| 22. My current employment status is: *(Please* ***Check*** *the best possible answer:)* |
|  | Employed (Full-Time) | Disabled |  |
|  | Employed (Part-Time) | Full time College Student |  |
|  | Unemployed/Not working | Full-time Homemaker |  |
|  | Currently Seeking Employment | Self-employed |  |
| 23 | Primary language spoken in the home is: (Please List:) |  |
| 24 | I have children ages 3-5 | **Yes or No** |
| 25 | Do you suspect your child may have a disability?  | **Yes or No** |
| 26. If answered YES please **CIRCLE** the possible disability: |
| Hearing loss | Autism |
| Visual impairment | Fetal Alcohol Syndrome (FAS) |
| Speech Delay or Difficulty speaking | Emotional Problems |
| Developmental Delay | Behavioral Problems |
| Learning Disability (ADD/ADHD) | Other Disabilities |
| Heart/cardiovascular problems | Please List:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 27. In the last year, I or someone in my family has experienced: *(Please* ***CIRCLE*** *Yes or No.)* |
| Looked for employment, but was denied or no job was available  | **Yes or No** |
| Recently terminated from employment | **Yes or No** |
| Could not pay rent and or utilities | **Yes or No** |
| Having a hard time paying for food | **Yes or No** |
| No money for food so went hungry | **Yes or No** |
| Having a hard time paying electric bill | **Yes or No** |
| Had to apply for Low Income Energy Assistance (LIEAP) | **Yes or No** |
| Electricity shut off due to lack of payment | **Yes or No** |
| No form of reliable transportation | **Yes or No** |
| Been a victim or witnessed family violence in the home | **Yes or No** |
| Been a victim of drugs and alcohol abuse | **Yes or No** |
| 28. **Please CHECK all areas of service that you think are highly needed:** |
|  | Help with finding employment | More Child Care services/Wrap Around |  |
|  | Parenting Skills | Money Management |  |
|  | Further Education or job training | Help with financial aid for education |  |
|  | Help with transportation | Nutrition Classes |  |
|  | Food Assistance/Local tribal food bank | Low Income Energy Assistance (LIEAP) |  |
|  | Adequate Health Care | Adequate Dental Care |  |
|  | Prenatal Care | Behavioral Health Services |  |
|  | Legal Assistance | Domestic Violence Support/Awareness |  |
|  | Drug & Alcohol Abuse Prevention | Prevention & Awareness of Child Abuse |  |
|  | Prevention & Awareness of Elder Abuse | More Cultural Awareness Activities (Language, etc) |  |
| 29. Personal Health, Wellness, and Safety Concerns: *(Please* ***CIRCLE*** *Yes or No.)* |
| Do you currently have any health concerns for yourself? | **Yes or No** |
| Do you have diabetes? | **Yes or No** |
| Do you have pre-diabetes? | **Yes or No** |
| Do you have Hypertension? (High Blood Pressure) | **Yes or No** |
| Do you have any heart related conditions? If yes Please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Yes or No** |
| Do you have any other health issue? If yes Please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Yes or No** |
| Have you are any members of your family been affected by drugs (Including opiod addiction/abuse) and alcohol abuse? | **Yes or No** |
| Have you are any members of your family been affected by domestic violence? | **Yes or No** |
| Do you feel absolutely safe in your own community? | **Yes or No** |
| Do you feel there is adequate law enforcement available to protect and serve? | **Yes or No** |
| Do you feel law enforcement answer calls in a timely and efficient manner? | **Yes or No** |
| Have you ever been the victim of theft and or burglary within the past 6 months? | **Yes or No** |
| If you answered yes please list items stolen:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 28. Please check yes or no in the box on the right: *(Please* ***CIRCLE*** *Yes or No.)* |
| Do you prefer a full day of school for Early Head Start 0 to 3 year olds? | **Yes or No** |
| Do you prefer a full day of school for the 3 year olds? | **Yes or No** |
| Do you prefer a full day of school for the 4 & 5 year olds? | **Yes or No** |
| Do you still prefer a 4-day school week? | **Yes or No** |
| Would you rather have a 5-day school week? | **Yes or No** |
| Do you think the children need an expanded number of days to attend school?  | **Yes or No** |
| Do you feel there's a need for a year-round Head Start School Program? | **Yes or No** |
| Do you have any Native American family recipes you would like to share for our school menus? If so please list:  |
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| What expansion of the current services do you think are necessary? |
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| Do you have any additional comments or concerns? |
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FORM DRAFTED BY RONALD F DONEY JR. FAMILY SERVICE MANAGER 06/17/2019