

Appendix A

Service Provider Needs Assessment 2011

The Grants Management Advisory Committee (GMAC) for the Director's Office Department of Health and Human Services (DHHS)

This Needs Assessment Questionnaire is being distributed to help the GMAC better prioritize the needs of Nevadans and their communities. This will also help identify the barriers affecting Nevada's citizens in accessing services. The information you provide by completing this survey will be used to determine the needs for various services in your community; and, to assist the DHHS in the development of grant funded services that best meet the needs of Nevada's citizens. Please answer the questions as they relate to your work with the community. The information you provide will remain **confidential**.

The list below includes needs that are basic to everyone's well-being. Please check all items that apply if any of your clients have needed assistance in locating or accessing these services within the past 12 months.

- | | |
|--|--|
| <input type="checkbox"/> Food | <input type="checkbox"/> Family/ Individual Counseling |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Mental Health Treatment/Services |
| <input type="checkbox"/> Housing/Shelter | <input type="checkbox"/> Immediate/Crisis Assistance |
| <input type="checkbox"/> Utilities (electricity, gas) | <input type="checkbox"/> Access to substance abuse services |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Positive Behavioral Supports (PBS) |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Parenting education/training |
| <input type="checkbox"/> Adult Care | <input type="checkbox"/> Help finding employment |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Help accessing education |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Break from child or adult care giving (respite) |
| <input type="checkbox"/> Help finding financial assistance (unemployment, disability benefits, etc.) | |
| <input type="checkbox"/> Help finding information on where and how to obtain services | |
| <input type="checkbox"/> Adaptive Equipment (specialized electronic equipment, modified telephones, etc) | |
| <input type="checkbox"/> Home modifications (ramps, grab bars, widened door frames, etc.) | |
| <input type="checkbox"/> Assistance from child protective services | |
| <input type="checkbox"/> Assistance from adult protective services | |
| <input type="checkbox"/> Assistance for victims of domestic violence | |
| <input type="checkbox"/> Supports Groups (please identify) _____ | |
| <input type="checkbox"/> Other: _____ | |

The following questions are related to specific basic needs. Please check all of the applicable boxes that have stopped your clients from obtaining or keeping the identified services within the past 12 months. If the topic area does not apply to you or your clients please mark "This question does not apply to me." If you check "OTHER" please specify the reason.

OBTAINING OR KEEPING HOUSING

- ☐ This question does not apply to me or my clients.
- ☐ Cost of housing
- ☐ Waiting list for financial support for housing
- ☐ Credit history
- ☐ Rental history
- ☐ Lack of income/limited income
- ☐ Other: _____

OBTAINING FOOD AND NUTRITION

- ☐ This question does not apply to me or my clients
- ☐ Cost of Food
- ☐ No access to affordable food
- ☐ No schools nutrition program (lunches or breakfast)
- ☐ No food bank or food pantry in my community
- ☐ Inadequate income
- ☐ No public assistance (i.e., food stamps or subsidized food program)
- ☐ Did not meet the criteria for public assistance: free school lunches, food stamps, etc.
- ☐ Other: _____

OBTAINING OR KEEPING A JOB

- ☐ This question does not apply to me or my clients.
- ☐ Lack of jobs available
- ☐ Education/training
- ☐ Lack of employment assistance
- ☐ Lack of transportation
- ☐ Other: _____

OBTAINING TRANSPORTATION SERVICES

- ☐ This question does not apply to me or my clients.
- ☐ Vehicle/Maintenance costs
- ☐ Cost of gasoline
- ☐ Issues with licensure/registration/insurance

- ☐ I don't drive
- ☐ Lack of Public Transportation
- ☐ Don't know how to use public transportation
- ☐ Don't have funds to use public transportation
- ☐ Other: _____

OBTAINING AND KEEPING CHILD CARE SERVICES

- ☐ This question does not apply to me or my clients
- ☐ Availability of qualified care providers for children
- ☐ Cost of child care
- ☐ Availability of qualified child care providers for children with special needs
- ☐ Other: _____

OBTAINING AND/OR KEEPING CAREGIVERS FOR AN ADULT THAT NEEDS ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND/OR CAN NOT BE LEFT ALONE

- ☐ This question does not apply to me or my clients
- ☐ Availability of caregivers
- ☐ Lack of facilities to provide care
- ☐ Need for home modifications (ramps, grab bars, etc.)
- ☐ Need for assistive technology (modified telephones, etc.)
- ☐ Lack of qualified caregivers
- ☐ Lack of positive behavioral supports
- ☐ Other: _____
- ☐ Cost of care givers
- ☐ Quality of care givers

OBTAINING AND/OR KEEPING CAREGIVERS FOR A CHILD THAT NEEDS ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND/OR CAN NOT BE LEFT ALONE

- ☐ This question does not apply to me or my clients
- ☐ Availability of caregivers
- ☐ Lack of facilities to provide care
- ☐ Need for home modifications (ramps, grab bars, etc.)
- ☐ Need for assistive technology (modified telephones, etc.)
- ☐ Lack of qualified caregivers
- ☐ Lack of positive behavioral supports
- ☐ Other: _____
- ☐ Cost of care givers
- ☐ Quality of care givers

OBTAINING DENTAL AND/OR HEALTH CARE

- ☐ This question does not apply to me or my clients
- ☐ Lack of health insurance
- ☐ Lack of transportation to get to appointments
- ☐ Lack of available general medical professionals in your community
- ☐ Lack of medical specialists in your community
- ☐ Lack of preventive medical services in your community
- ☐ Lack of funds to meet co pays/deductibles
- ☐ Lack of funds to pay for prescriptions
- ☐ Other: _____

How would you describe yourself? Please mark all items that apply.

- ☐ Paid provider of direct services to children
- ☐ Paid provider of direct services to children with special needs
- ☐ Paid provider of direct services to senior citizens
- ☐ Paid provider of direct services to adult with special needs
- ☐ Social Worker or related profession (what agency?) _____
- ☐ Teacher (what age group)
- ☐ Agency that provides information and referral services
- ☐ Agency that provides employment services
- ☐ Agency that provides nutrition/food services
- ☐ Other: _____

What County/ community do you live in? _____

If you could tell the people doing this survey one more thing that would help the most to meet the needs of people living in your household and/or community what would it be?

Would you like to attend a public forum to verbally express your opinion? Yes no

Would you like to receive a summary of the results of this survey? Yes no

If the answer was yes to either of these questions, please provide an email address or your home address that we may forward the survey to you and/or advise you of upcoming public input meetings

Thank you for your time and input

Community Member/ Consumer Needs Assessment 2011

The Grants Management Advisory Committee (GMAC) for the Director's Office Department of Health and Human Services (DHHS)

This Needs Assessment Questionnaire is being distributed to help the GMAC better prioritize the needs of Nevadans and their communities. This will also help identify the barriers affecting Nevada's citizens in accessing services. The information you provide by completing this survey will be used to determine the needs for various services in your community; and, to assist the DHHS in the development of grant funded services that best meet the needs of Nevada's citizens. Please answer the questions as they relate to you, your family or others you know in your community. The information you provide will remain **confidential**.

The list below includes needs that are basic to everyone's well-being. Please check all items that apply if any one in your family has needed assistance in locating or accessing these services within the past 12 months.

- | | |
|--|--|
| <input type="checkbox"/> Food | <input type="checkbox"/> Family/ Individual Counseling |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Mental Health Treatment/Services |
| <input type="checkbox"/> Housing/Shelter | <input type="checkbox"/> Immediate/Crisis Assistance |
| <input type="checkbox"/> Utilities (electricity, gas) | <input type="checkbox"/> Access to substance abuse services |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Positive Behavioral Supports (PBS) |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Parenting education/training |
| <input type="checkbox"/> Adult Care | <input type="checkbox"/> Help finding employment |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Help accessing education |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Break from child or adult care giving (respite) |
| <input type="checkbox"/> Help finding financial assistance (unemployment, disability benefits, etc.) | |
| <input type="checkbox"/> Help finding information on where and how to obtain services | |
| <input type="checkbox"/> Adaptive Equipment (specialized electronic equipment, modified telephones, etc) | |
| <input type="checkbox"/> Home modifications (ramps, grab bars, widened door frames, etc.) | |
| <input type="checkbox"/> Assistance from child protective services | |
| <input type="checkbox"/> Assistance from adult protective services | |
| <input type="checkbox"/> Assistance for victims of domestic violence | |
| <input type="checkbox"/> Supports Groups (please identify) _____ | |
| <input type="checkbox"/> Other: _____ | |

The following questions are related to specific basic needs. Please check all of the applicable boxes that have stopped your family from obtaining or keeping the identified services within the past 12 months. If the topic area does not apply to you please mark "This question does not apply to me." If you check "OTHER" please specify the reason.

OBTAINING OR KEEPING HOUSING

- ☐ This question does not apply to me or my family.
- ☐ Cost of housing
- ☐ Waiting list for financial support for housing
- ☐ Credit history
- ☐ Rental history
- ☐ Lack of income/inadequate income
- ☐ Other: _____

OBTAINING FOOD AND NUTRITION SUPPORT

- ☐ This question does not apply to me or my family
- ☐ Cost of Food
- ☐ No access to affordable food
- ☐ No schools nutrition program (lunches or breakfast)
- ☐ No food bank or food pantry in my community
- ☐ In adequate income
- ☐ No public assistance (i.e., food stamps or subsidized food program)
- ☐ Did not meet the criteria for public assistance or free school lunch programs
- ☐ Other: _____

OBTAINING OR KEEPING A JOB

- ☐ This question does not apply to me or my family
- ☐ Lack of jobs available
- ☐ Education/training
- ☐ Lack of employment assistance
- ☐ Lack of transportation
- ☐ Other: _____

OBTAINING TRANSPORTATION SERVICES

- ☐ This question does not apply to me or my family
- ☐ Vehicle/Maintenance costs
- ☐ Cost of gasoline
- ☐ Issues with licensure/registration/insurance

- ☐ I don't drive
- ☐ Lack of Public Transportation
- ☐ Don't know how to use public transportation
- ☐ Don't have funds to use public transportation
- ☐ Other: _____

OBTAINING AND KEEPING CHILD CARE SERVICES

- ☐ This question does not apply to me or my family
- ☐ Availability of qualified care providers for children
- ☐ Cost of child care
- ☐ Availability of qualified child care providers for children with special needs
- ☐ Other: _____

OBTAINING AND/OR KEEPING CAREGIVERS FOR AN ADULT THAT NEEDS ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND/OR CAN NOT BE LEFT ALONE

- ☐ This question does not apply to me or my family
- ☐ Availability of caregivers
- ☐ Lack of facilities to provide care
- ☐ Need for home modifications (ramps, grab bars, etc.)
- ☐ Need for assistive technology (modified telephones, etc.)
- ☐ Lack of qualified caregivers
- ☐ Lack of positive behavioral supports
- ☐ Other: _____
- ☐ Cost of care givers
- ☐ Quality of care givers

OBTAINING AND/OR KEEPING CAREGIVERS FOR A CHILD THAT NEEDS ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND/OR CAN NOT BE LEFT ALONE

- ☐ This question does not apply to me
- ☐ Availability of caregivers
- ☐ Lack of facilities to provide care
- ☐ Need for home modifications (ramps, grab bars, etc.)
- ☐ Need for assistive technology (modified telephones, etc.)
- ☐ Lack of qualified caregivers
- ☐ Lack of positive behavioral supports
- ☐ Other: _____
- ☐ Cost of care givers
- ☐ Quality of care givers

OBTAINING NEEDED DENTAL AND HEALTH CARE SERVICES

- ☐ This question does not apply to me
- ☐ Lack of health insurance
- ☐ Lack of transportation to get to appointments
- ☐ Lack of available general medical professionals in your community
- ☐ Lack of medical specialists in your community
- ☐ Lack of preventive medical services in your community
- ☐ Lack of funds to meet co pays/deductibles
- ☐ Lack of funds to pay for prescriptions
- ☐ Other: _____

How would you describe yourself and/or your family? Please mark all items that apply.

- ☐ Family with children ages 0 – 4 yrs
- ☐ Family with children ages 5 – 12 yrs
- ☐ Family with children ages 13- 18 yrs
- ☐ Family with children with special needs
- ☐ Senior Citizen (age 55 +)
- ☐ Adult with a disability
- ☐ Veteran with a disability
- ☐ Family member who provides care for a child with special needs
- ☐ Family member who provides care for a senior citizen
- ☐ Family member who provides care for an individual with a disability
- ☐ Student with a disability

What County/ community do you live in? _____

If you could tell the people doing this survey one more thing that would help the most to meet the needs of people living in your household and/or community what would it be?

Would you like to attend a public forum to verbally express your opinion? Yes no

Would you like to receive a summary of the results of this survey? Yes no

If the answer was yes to either of these questions, please provide an email address or your home address that we may forward the survey to you and/or advise you of upcoming public input meetings

Thank you for your time and input