The purpose of this survey is to help the State of Nevada decide how to direct money from the Fund for a Healthy Nevada (also known as the Tobacco Settlement Fund). Your input will help determine how the State spends these funds. Thank you for taking this opportunity to tell us about what you think about what services will help residents of Nevada live safe, secure, healthy lives and/or help persons with disabilities live as independently as possible. The information you provide will remain confidential.

1. How Would You Rank the Needs of Nevada Residents?

Information that is already available tells us that Nevada residents are most in need of help with the services listed in the table below. Please help us rank the services by numbering them from 1 (for the most important service) through 12 (for the least important service). Your answers, combined with others, will guide funding for services that are the most important needs in your particular community.

BE SURE TO USE ALL NUMBERS, 1 THROUGH 12. DO NOT USE THE SAME NUMBER TWICE.

<table>
<thead>
<tr>
<th>Rank (Number)</th>
<th>Service</th>
<th>Description of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dental Care</td>
<td>Affording the cost of care, being able to find and visit a dentist or specialist, and finding insurance coverage.</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>Education outside of the public-school system for all ages. Examples are pre-school, after-school tutoring, English as a Second Language, and General Education Diplomas (GEDs) for people who did not graduate from high school.</td>
</tr>
<tr>
<td></td>
<td>Emergency Services</td>
<td>Help paying for rent and utilities, general financial help, and other basics that an individual or family cannot afford like clothing, school supplies or household goods.</td>
</tr>
<tr>
<td></td>
<td>Employment</td>
<td>Help with resumes, job training, help with job searches, and anything else that might help an unemployed or under-employed individual get a job.</td>
</tr>
<tr>
<td></td>
<td>Health Care</td>
<td>Physical and mental health care, finding a doctor, affording care, getting insurance coverage, and help applying for benefits like Medicaid, Medicare and Nevada Check-Up.</td>
</tr>
<tr>
<td></td>
<td>Help Finding Information</td>
<td>Usually provided by call centers and resource centers that understand the services available through public and private organizations and can direct people to the correct program.</td>
</tr>
<tr>
<td></td>
<td>Housing</td>
<td>Subsidized housing, emergency shelters, homeless services, and the general lack of affordable housing in some communities.</td>
</tr>
<tr>
<td></td>
<td>Hunger / Food</td>
<td>Emergency food, help applying for benefits like the Supplemental Nutrition Assistance Program (SNAP), and education about nutrition.</td>
</tr>
<tr>
<td></td>
<td>Protective Services</td>
<td>Programs that help prevent domestic violence, child or elder abuse and neglect, and other forms of exploitation, as well as services that help victims recover from these crimes.</td>
</tr>
<tr>
<td></td>
<td>Substance Abuse Services</td>
<td>Prevention activities to help people avoid problems with alcohol and drugs, and services that help people stop abusing alcohol and drugs.</td>
</tr>
<tr>
<td></td>
<td>Support for Persons with Disabilities and their Caregivers</td>
<td>Services for people of all ages. Usually includes help that gives caregivers a break (respite), in-home services like housekeeping and meal preparation, and other services that improve a person’s ability to live independently in the community.</td>
</tr>
<tr>
<td></td>
<td>Transportation</td>
<td>Bus passes, gasoline gift cards, taxi vouchers, transportation for persons with disabilities, and other help getting around.</td>
</tr>
</tbody>
</table>
2. Have you used Nevada 2-1-1 or referred anyone to 2-1-1 in the past 6 months?

☐ Yes  ☐ No

Please Tell Us a Little About Yourself

3. Are you a service provider? In other words, are you employed by or do you operate an agency or organization that provides a health or human service?

☐ Yes (One survey per agency)  ☐ No

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

☐ Family with children ages 0 – 4 years

☐ Family with children ages 5 – 12 years

☐ Family with children ages 13 – 18 years

☐ Family with children with special needs

☐ Senior Citizen (age 55 +)

☐ Adult with a disability

☐ Veteran with a disability

☐ Child or youth with a disability

☐ Someone who provides care for a child with special needs

☐ Someone who provides care for a senior citizen

☐ Someone who provides care for an individual with a disability

☐ Other: ____________________________________________

Help us understand the service needs in different geographic areas.

5. Please provide your zip code:  _________________________________
6. Please mark the county where you live.

☐ Carson  ☐ Eureka  ☐ Nye
☐ Churchill ☐ Humboldt  ☐ Pershing
☐ Clark  ☐ Lander  ☐ Storey
☐ Douglas ☐ Lincoln  ☐ Washoe
☐ Elko  ☐ Lyon  ☐ White Pine
☐ Esmeralda

Thank you for completing this survey!

Completed surveys should be returned by April 27, 2018, by regular mail or by scanned email to:
Office of Community Partnerships and Grants
Nevada Dept of Health and Human Services
4126 Technology Way, Suite 100
Carson City, NV  89706
gmu@dhhs.nv.gov
For questions, call:
(775) 684-4000

Results of this survey and the final recommendations of the Grants Management Advisory Committee will be posted on the agency website after June 30, 2018.

http://dhhs.nv.gov/grants/

This survey is being conducted on behalf of the Grants Management Advisory Committee (GMAC) by the Office of Community Partnerships and Grants (CPG) Director’s Office, Nevada Department of Health and Human Services (DHHS).