

# IOWA COMMUNITY ACTION AGENCIES

## CLIENT SATISFACTION REPORT

(February 14, 2020)

Community Services Block Grant Program  
Division of Community Action Agencies  
Iowa Department of Human Rights  
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- CLIENT SATISFACTION REPORT -**

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## **Introduction**

The Iowa Department of Human Rights – Division of Community Action Agencies (DCAA), in partnership with the Iowa Community Action Association (ICAA) and Iowa’s 17 community action agencies, conducted a client satisfaction survey.

This statewide report contains the survey and instructions that were developed and used by the community action agencies, and the data that was collected from the surveys.

The information in this statewide report will be considered by the community action agencies for planning, developing, and delivering agency programs and services to the low-income people that reside in their neighborhoods and communities.

## **Procedures**

This project began in February 2018. A seven member committee consisting of four community action agency staff, two DCAA staff, and an ICAA staff person, were responsible for the survey design, instructions, and this statewide report.

The committee completed the design of the survey in April 2019. Prior to the final design, a draft was sent out for review and comment to all community action agency Executive Directors and agency CSBG staff. In May 2019, the survey and instructions were distributed to the community action agencies.

The committee used the SurveyMonkey.com online survey software for the project's data collection. In April 2019, the DCAA programmed a survey for each community action agency into the online software.

Each community action agency was responsible for managing the sampling and distribution of the survey in their agency’s service area, and the collection of the survey responses. Agencies were expected to ensure a minimum of 250 surveys were completed and entered into SurveyMonkey by February 10, 2020.

The DCAA exported the survey data from SurveyMonkey.com to create this statewide report. This report was completed on February 14, 2020.

The client satisfaction survey included two open-ended questions. For those questions, each client had the option of answering them by typing a response. Those responses were exported from SurveyMonkey and provided to each agency. The typed responses are not included in this report.

**What county do you live in?**

	Responses		Responses
Adair	28	Johnson	37
Adams	32	Jones	22
Allamakee	47	Keokuk	106
Appanoose	4	Kossuth	24
Audubon	23	Lee	386
Benton	24	Linn	136
Black Hawk	124	Louisa	37
Boone	51	Lucas	25
Bremer	69	Lyon	28
Buchanan	30	Madison	25
Buena Vista	44	Mahaska	8
Butler	15	Marion	59
Calhoun	26	Marshall	116
Carroll	169	Mills	19
Cass	76	Mitchell	22
Cedar	27	Monona	104
Cerro Gordo	105	Monroe	81
Cherokee	61	Montgomery	100
Chickasaw	91	Muscatine	37
Clarke	48	O'Brien	41
Clay	40	Osceola	41
Clayton	175	Page	69
Clinton	62	Palo Alto	40
Crawford	133	Plymouth	88
Dallas	82	Pocahontas	40
Davis	25	Polk	177
Decatur	39	Pottawattamie	162
Delaware	5	Poweshiek	14
Des Moines	147	Ringgold	44
Dickinson	43	Sac	14
Dubuque	82	Scott	291
Emmet	43	Shelby	59
Fayette	181	Sioux	58
Floyd	28	Story	71
Franklin	22	Tama	13
Fremont	34	Taylor	52
Greene	31	Union	81
Grundy	35	Van Buren	32
Guthrie	23	Wapello	153
Hamilton	46	Warren	50
Hancock	16	Washington	27
Hardin	9	Wayne	59
Harrison	68	Webster	41
Henry	43	Winnebago	16
Howard	69	Winneshiek	57
Humboldt	42	Woodbury	251
Ida	29	Worth	15
Iowa	37	Wright	41
Jackson	87	Total Responses	6,615
Jasper	26	(skipped)	6
Jefferson	350		

IF YOU RECEIVED SERVICES FROM OUR COMMUNITY ACTION AGENCY WITHIN THE LAST 12 MONTHS, PLEASE RESPOND TO THE FOLLOWING:

<b>S.1. I had a positive experience when I received services.</b>			WEIGHTED AVG:
5 - strongly agree	4,074	79.95%	<b>4.73</b>
4	725	14.23%	
3 - undecided/neutral	249	4.89%	
2	23	0.45%	
1 - strongly disagree	25	0.49%	
Answered	5,096	100.00%	

<b>S.2. I was helped in a timely manner.</b>			WEIGHTED AVG:
5 - strongly agree	4,014	78.85%	<b>4.70</b>
4	740	14.54%	
3 - undecided/neutral	277	5.44%	
2	31	0.61%	
1 - strongly disagree	29	0.57%	
Answered	5,091	100.00%	

<b>S.3. The Community Action Agency staff I interacted with were friendly and helpful.</b>			WEIGHTED AVG:
5 - strongly agree	4,187	82.23%	<b>4.75</b>
4	625	12.27%	
3 - undecided/neutral	235	4.62%	
2	26	0.51%	
1 - strongly disagree	19	0.37%	
Answered	5,092	100.00%	

<b>S.4. I was informed about other agency or community services that could help me with my needs.</b>			WEIGHTED AVG:
5 - strongly agree	3,530	69.86%	<b>4.49</b>
4	752	14.88%	
3 - undecided/neutral	567	11.22%	
2	110	2.18%	
1 - strongly disagree	94	1.86%	
Answered	5,053	100.00%	

**S.5. Tell us about your experience(s) with our Community Action Agency.**  
 The number of clients who provided a response: 3,152  
 (Contact the DCAA for the client responses to this question.)

**S.6. Tell us something you think our Community Action Agency should improve.**  
 The number of clients who provided a response: 2,055  
 (Contact the DCAA for the client responses to this question.)

**What county do you live in?**

Adair	1	0.26%
Audubon	22	5.80%
Boone	2	0.53%
Calhoun	26	6.86%
Carroll	169	44.59%
Cass	2	0.53%
Crawford	2	0.53%
Dallas	81	21.37%
Dubuque	1	0.26%
Greene	30	7.92%
Grundy	1	0.26%
Guthrie	23	6.07%
Marshall	1	0.26%
Polk	3	0.79%
Sac	14	3.69%
Shelby	1	0.26%
Answered	379	100.00%
(skipped this question)	0	

**IF YOU RECEIVED SERVICES FROM OUR COMMUNITY ACTION AGENCY WITHIN THE LAST 12 MONTHS, PLEASE RESPOND TO THE FOLLOWING:**

**S.1. I had a positive experience when I received services.** WEIGHTED AVG:

5 - strongly agree	208	79.39%	<b>4.71</b>
4	38	14.50%	
3 - undecided/neutral	11	4.20%	
2	4	1.53%	
1 - strongly disagree	1	0.38%	
Answered	262	100.00%	

**S.2. I was helped in a timely manner.** WEIGHTED AVG:

5 - strongly agree	215	82.06%	<b>4.73</b>
4	28	10.69%	
3 - undecided/neutral	14	5.34%	
2	4	1.53%	
1 - strongly disagree	1	0.38%	
Answered	262	100.00%	

**S.3. The Community Action Agency staff I interacted with were friendly and helpful.** WEIGHTED AVG:

5 - strongly agree	218	83.21%	<b>4.76</b>
4	29	11.07%	
3 - undecided/neutral	12	4.58%	
2	3	1.15%	
1 - strongly disagree	0	0.00%	
Answered	262	100.00%	

**S.4. I was informed about other agency or community services that could help me with my needs.** WEIGHTED AVG:

5 - strongly agree	192	73.28%	<b>4.51</b>
4	36	13.74%	
3 - undecided/neutral	19	7.25%	
2	6	2.29%	
1 - strongly disagree	9	3.44%	
Answered	262	100.00%	

**S.5. Tell us about your experience(s) with our Community Action Agency.**

The number of clients who provided a response: 256  
 (Contact the DCAA for the client responses to this question.)

**S.6. Tell us something you think our Community Action Agency should improve.**

The number of clients who provided a response: 251  
 (Contact the DCAA for the client responses to this question.)

**What county do you live in?**

Benton	24	9.09%
Black Hawk	4	1.52%
Cedar	1	0.38%
Iowa	22	8.33%
Johnson	36	13.64%
Jones	18	6.82%
Keokuk	1	0.38%
Lee	1	0.38%
Linn	135	51.14%
Polk	1	0.38%
Tama	1	0.38%
Washington	20	7.58%
Answered	264	100.00%
(skipped this question)	0	

**IF YOU RECEIVED SERVICES FROM OUR COMMUNITY ACTION AGENCY WITHIN THE LAST 12 MONTHS, PLEASE RESPOND TO THE FOLLOWING:**

**S.1. I had a positive experience when I received services.** WEIGHTED AVG:

5 - strongly agree	131	71.20%	<b>4.64</b>
4	43	23.37%	
3 - undecided/neutral	7	3.80%	
2	2	1.09%	
1 - strongly disagree	1	0.54%	
Answered	184	100.00%	

**S.2. I was helped in a timely manner.** WEIGHTED AVG:

5 - strongly agree	128	69.57%	<b>4.59</b>
4	42	22.83%	
3 - undecided/neutral	9	4.89%	
2	4	2.17%	
1 - strongly disagree	1	0.54%	
Answered	184	100.00%	

**S.3. The Community Action Agency staff I interacted with were friendly and helpful.** WEIGHTED AVG:

5 - strongly agree	128	69.57%	<b>4.58</b>
4	40	21.74%	
3 - undecided/neutral	11	5.98%	
2	4	2.17%	
1 - strongly disagree	1	0.54%	
Answered	184	100.00%	

**S.4. I was informed about other agency or community services that could help me with my needs.** WEIGHTED AVG:

5 - strongly agree	96	52.17%	<b>4.16</b>
4	44	23.91%	
3 - undecided/neutral	27	14.67%	
2	12	6.52%	
1 - strongly disagree	5	2.72%	
Answered	184	100.00%	

**S.5. Tell us about your experience(s) with our Community Action Agency.**

The number of clients who provided a response: 96  
 (Contact the DCAA for the client responses to this question.)

**S.6. Tell us something you think our Community Action Agency should improve.**

The number of clients who provided a response: 81  
 (Contact the DCAA for the client responses to this question.)

**What county do you live in?**

Cedar	26	6.09%
Clinton	62	14.52%
Dubuque	1	0.23%
Iowa	4	0.94%
Jackson	2	0.47%
Jones	1	0.23%
Mills	1	0.23%
Muscatine	37	8.67%
Scott	291	68.15%
Washington	1	0.23%
Woodbury	1	0.23%
Answered	427	100.00%
(skipped this question)	0	

**IF YOU RECEIVED SERVICES FROM OUR COMMUNITY ACTION AGENCY WITHIN THE LAST 12 MONTHS, PLEASE RESPOND TO THE FOLLOWING:****S.1. I had a positive experience when I received services.** WEIGHTED AVG:

5 - strongly agree	184	67.90%	<b>4.39</b>
4	17	6.27%	
3 - undecided/neutral	65	23.99%	
2	1	0.37%	
1 - strongly disagree	4	1.48%	
Answered	271	100.00%	

**S.2. I was helped in a timely manner.** WEIGHTED AVG:

5 - strongly agree	165	60.89%	<b>4.33</b>
4	38	14.02%	
3 - undecided/neutral	64	23.62%	
2	0	0.00%	
1 - strongly disagree	4	1.48%	
Answered	271	100.00%	

**S.3. The Community Action Agency staff I interacted with were friendly and helpful.** WEIGHTED AVG:

5 - strongly agree	186	68.63%	<b>4.40</b>
4	17	6.27%	
3 - undecided/neutral	63	23.25%	
2	1	0.37%	
1 - strongly disagree	4	1.48%	
Answered	271	100.00%	

**S.4. I was informed about other agency or community services that could help me with my needs.** WEIGHTED AVG:

5 - strongly agree	150	55.35%	<b>4.13</b>
4	28	10.33%	
3 - undecided/neutral	81	29.89%	
2	3	1.11%	
1 - strongly disagree	9	3.32%	
Answered	271	100.00%	

**S.5. Tell us about your experience(s) with our Community Action Agency.**

The number of clients who provided a response: 129  
(Contact the DCAA for the client responses to this question.)

**S.6. Tell us something you think our Community Action Agency should improve.**

The number of clients who provided a response: 82  
(Contact the DCAA for the client responses to this question.)



**What county do you live in?**

Adair	26	9.92%
Adams	32	12.21%
Clarke	1	0.38%
Madison	25	9.54%
Page	1	0.38%
Ringgold	44	16.79%
Taylor	52	19.85%
Union	81	30.92%
Answered	262	100.00%
(skipped this question)	0	

IF YOU RECEIVED SERVICES FROM OUR COMMUNITY ACTION AGENCY WITHIN THE LAST 12 MONTHS, PLEASE RESPOND TO THE FOLLOWING:

**S.1. I had a positive experience when I received services.** WEIGHTED AVG:

5 - strongly agree	81	34.18%	<b>4.27</b>
4	144	60.76%	
3 - undecided/neutral	9	3.80%	
2	2	0.84%	
1 - strongly disagree	1	0.42%	
Answered	237	100.00%	

**S.2. I was helped in a timely manner.** WEIGHTED AVG:

5 - strongly agree	68	28.69%	<b>4.23</b>
4	158	66.67%	
3 - undecided/neutral	10	4.22%	
2	0	0.00%	
1 - strongly disagree	1	0.42%	
Answered	237	100.00%	

**S.3. The Community Action Agency staff I interacted with were friendly and helpful.** WEIGHTED AVG:

5 - strongly agree	96	40.51%	<b>4.34</b>
4	129	54.43%	
3 - undecided/neutral	9	3.80%	
2	2	0.84%	
1 - strongly disagree	1	0.42%	
Answered	237	100.00%	

**S.4. I was informed about other agency or community services that could help me with my needs.** WEIGHTED AVG:

5 - strongly agree	63	26.58%	<b>4.00</b>
4	124	52.32%	
3 - undecided/neutral	42	17.72%	
2	4	1.69%	
1 - strongly disagree	4	1.69%	
Answered	237	100.00%	

**S.5. Tell us about your experience(s) with our Community Action Agency.**

The number of clients who provided a response: 106  
 (Contact the DCAA for the client responses to this question.)

**S.6. Tell us something you think our Community Action Agency should improve.**

The number of clients who provided a response: 56  
 (Contact the DCAA for the client responses to this question.)

**What county do you live in?**

Boone	18	7.17%
Cerro Gordo	1	0.40%
Des Moines	1	0.40%
Franklin	1	0.40%
Greene	1	0.40%
Grundy	1	0.40%
Hamilton	1	0.40%
Hardin	8	3.19%
Jasper	3	1.20%
Marion	1	0.40%
Marshall	115	45.82%
Polk	2	0.80%
Poweshiek	14	5.58%
Story	71	28.29%
Tama	11	4.38%
Warren	2	0.80%
Answered	251	100.00%
(skipped this question)	0	

**IF YOU RECEIVED SERVICES FROM OUR COMMUNITY ACTION AGENCY WITHIN THE LAST 12 MONTHS, PLEASE RESPOND TO THE FOLLOWING:**

**S.1. I had a positive experience when I received services.** WEIGHTED AVG:

5 - strongly agree	162	76.42%	<b>4.67</b>
4	36	16.98%	
3 - undecided/neutral	10	4.72%	
2	1	0.47%	
1 - strongly disagree	3	1.42%	
Answered	212	100.00%	

**S.2. I was helped in a timely manner.** WEIGHTED AVG:

5 - strongly agree	163	76.89%	<b>4.65</b>
4	32	15.09%	
3 - undecided/neutral	12	5.66%	
2	2	0.94%	
1 - strongly disagree	3	1.42%	
Answered	212	100.00%	

**S.3. The Community Action Agency staff I interacted with were friendly and helpful.** WEIGHTED AVG:

5 - strongly agree	165	77.83%	<b>4.68</b>
4	34	16.04%	
3 - undecided/neutral	8	3.77%	
2	2	0.94%	
1 - strongly disagree	3	1.42%	
Answered	212	100.00%	

**S.4. I was informed about other agency or community services that could help me with my needs.** WEIGHTED AVG:

5 - strongly agree	155	73.11%	<b>4.58</b>
4	34	16.04%	
3 - undecided/neutral	17	8.02%	
2	2	0.94%	
1 - strongly disagree	4	1.89%	
Answered	212	100.00%	

**S.5. Tell us about your experience(s) with our Community Action Agency.**

The number of clients who provided a response: 90  
 (Contact the DCAA for the client responses to this question.)

**S.6. Tell us something you think our Community Action Agency should improve.**

The number of clients who provided a response: 46  
 (Contact the DCAA for the client responses to this question.)

**What county do you live in?**

Buena Vista	1	0.37%
Cherokee	61	22.85%
Ida	29	10.86%
Jasper	1	0.37%
Lyon	28	10.49%
Plymouth	88	32.96%
Sioux	58	21.72%
Woodbury	1	0.37%
Answered	267	100.00%
(skipped this question)	0	

IF YOU RECEIVED SERVICES FROM OUR COMMUNITY ACTION AGENCY WITHIN THE LAST 12 MONTHS, PLEASE RESPOND TO THE FOLLOWING:

**S.1. I had a positive experience when I received services.** WEIGHTED AVG:

5 - strongly agree	157	82.20%	<b>4.80</b>
4	30	15.71%	
3 - undecided/neutral	4	2.09%	
2	0	0.00%	
1 - strongly disagree	0	0.00%	
Answered	191	100.00%	

**S.2. I was helped in a timely manner.** WEIGHTED AVG:

5 - strongly agree	156	81.68%	<b>4.79</b>
4	29	15.18%	
3 - undecided/neutral	6	3.14%	
2	0	0.00%	
1 - strongly disagree	0	0.00%	
Answered	191	100.00%	

**S.3. The Community Action Agency staff I interacted with were friendly and helpful.** WEIGHTED AVG:

5 - strongly agree	162	84.82%	<b>4.82</b>
4	24	12.57%	
3 - undecided/neutral	4	2.09%	
2	1	0.52%	
1 - strongly disagree	0	0.00%	
Answered	191	100.00%	

**S.4. I was informed about other agency or community services that could help me with my needs.** WEIGHTED AVG:

5 - strongly agree	138	72.25%	<b>4.49</b>
4	24	12.57%	
3 - undecided/neutral	14	7.33%	
2	15	7.85%	
1 - strongly disagree	0	0.00%	
Answered	191	100.00%	

**S.5. Tell us about your experience(s) with our Community Action Agency.**

The number of clients who provided a response: 102  
 (Contact the DCAA for the client responses to this question.)

**S.6. Tell us something you think our Community Action Agency should improve.**

The number of clients who provided a response: 61  
 (Contact the DCAA for the client responses to this question.)

**What county do you live in?**

Black Hawk	1	0.39%
Butler	14	5.47%
Cerro Gordo	104	40.63%
Chickasaw	3	1.17%
Floyd	25	9.77%
Franklin	19	7.42%
Hancock	16	6.25%
Hardin	1	0.39%
Howard	1	0.39%
Kossuth	23	8.98%
Mitchell	16	6.25%
Warren	1	0.39%
Winnebago	16	6.25%
Worth	15	5.86%
Wright	1	0.39%
Answered	256	100.00%
(skipped this question)	0	

**IF YOU RECEIVED SERVICES FROM OUR COMMUNITY ACTION AGENCY WITHIN THE LAST 12 MONTHS, PLEASE RESPOND TO THE FOLLOWING:**

**S.1. I had a positive experience when I received services.** WEIGHTED AVG:

5 - strongly agree	180	80.72%	<b>4.75</b>
4	33	14.80%	
3 - undecided/neutral	8	3.59%	
2	1	0.45%	
1 - strongly disagree	1	0.45%	
Answered	223	100.00%	

**S.2. I was helped in a timely manner.** WEIGHTED AVG:

5 - strongly agree	180	80.72%	<b>4.76</b>
4	34	15.25%	
3 - undecided/neutral	8	3.59%	
2	0	0.00%	
1 - strongly disagree	1	0.45%	
Answered	223	100.00%	

**S.3. The Community Action Agency staff I interacted with were friendly and helpful.** WEIGHTED AVG:

5 - strongly agree	187	83.86%	<b>4.80</b>
4	29	13.00%	
3 - undecided/neutral	6	2.69%	
2	0	0.00%	
1 - strongly disagree	1	0.45%	
Answered	223	100.00%	

**S.4. I was informed about other agency or community services that could help me with my needs.** WEIGHTED AVG:

5 - strongly agree	153	68.61%	<b>4.46</b>
4	36	16.14%	
3 - undecided/neutral	22	9.87%	
2	7	3.14%	
1 - strongly disagree	5	2.24%	
Answered	223	100.00%	

**S.5. Tell us about your experience(s) with our Community Action Agency.**

The number of clients who provided a response: 182  
 (Contact the DCAA for the client responses to this question.)

**S.6. Tell us something you think our Community Action Agency should improve.**

The number of clients who provided a response: 149  
 (Contact the DCAA for the client responses to this question.)

**What county do you live in?**

Allamakee	46	6.71%
Black Hawk	1	0.15%
Boone	1	0.15%
Bremer	62	9.04%
Buchanan	1	0.15%
Chickasaw	87	12.68%
Clayton	172	25.07%
Emmet	3	0.44%
Fayette	180	26.24%
Floyd	3	0.44%
Howard	67	9.77%
Iowa	1	0.15%
Mitchell	5	0.73%
Winneshiek	57	8.31%
Answered	686	100.00%
(skipped this question)	0	

**IF YOU RECEIVED SERVICES FROM OUR COMMUNITY ACTION AGENCY WITHIN THE LAST 12 MONTHS, PLEASE RESPOND TO THE FOLLOWING:**

**S.1. I had a positive experience when I received services.** WEIGHTED AVG:

5 - strongly agree	516	86.87%	<b>4.81</b>
4	48	8.08%	
3 - undecided/neutral	27	4.55%	
2	2	0.34%	
1 - strongly disagree	1	0.17%	
Answered	594	100.00%	

**S.2. I was helped in a timely manner.** WEIGHTED AVG:

5 - strongly agree	511	86.03%	<b>4.77</b>
4	40	6.73%	
3 - undecided/neutral	38	6.40%	
2	2	0.34%	
1 - strongly disagree	3	0.51%	
Answered	594	100.00%	

**S.3. The Community Action Agency staff I interacted with were friendly and helpful.** WEIGHTED AVG:

5 - strongly agree	538	90.57%	<b>4.85</b>
4	28	4.71%	
3 - undecided/neutral	25	4.21%	
2	3	0.51%	
1 - strongly disagree	0	0.00%	
Answered	594	100.00%	

**S.4. I was informed about other agency or community services that could help me with my needs.** WEIGHTED AVG:

5 - strongly agree	447	75.25%	<b>4.53</b>
4	40	6.73%	
3 - undecided/neutral	89	14.98%	
2	12	2.02%	
1 - strongly disagree	6	1.01%	
Answered	594	100.00%	

**S.5. Tell us about your experience(s) with our Community Action Agency.**

The number of clients who provided a response: 372  
 (Contact the DCAA for the client responses to this question.)

**S.6. Tell us something you think our Community Action Agency should improve.**

The number of clients who provided a response: 199  
 (Contact the DCAA for the client responses to this question.)

**What county do you live in?**

Adair	1	0.58%
Allamakee	1	0.58%
Clayton	1	0.58%
Delaware	4	2.31%
Dubuque	80	46.24%
Jackson	85	49.13%
Jones	1	0.58%
Answered	173	100.00%
(skipped this question)	0	

IF YOU RECEIVED SERVICES FROM OUR COMMUNITY ACTION AGENCY WITHIN THE LAST 12 MONTHS, PLEASE RESPOND TO THE FOLLOWING:

**S.1. I had a positive experience when I received services.** WEIGHTED AVG:

5 - strongly agree	115	91.27%	<b>4.85</b>
4	6	4.76%	
3 - undecided/neutral	3	2.38%	
2	1	0.79%	
1 - strongly disagree	1	0.79%	
Answered	126	100.00%	

**S.2. I was helped in a timely manner.** WEIGHTED AVG:

5 - strongly agree	114	90.48%	<b>4.87</b>
4	10	7.94%	
3 - undecided/neutral	0	0.00%	
2	1	0.79%	
1 - strongly disagree	1	0.79%	
Answered	126	100.00%	

**S.3. The Community Action Agency staff I interacted with were friendly and helpful.** WEIGHTED AVG:

5 - strongly agree	116	92.06%	<b>4.89</b>
4	8	6.35%	
3 - undecided/neutral	1	0.79%	
2	0	0.00%	
1 - strongly disagree	1	0.79%	
Answered	126	100.00%	

**S.4. I was informed about other agency or community services that could help me with my needs.** WEIGHTED AVG:

5 - strongly agree	102	80.95%	<b>4.59</b>
4	11	8.73%	
3 - undecided/neutral	4	3.17%	
2	3	2.38%	
1 - strongly disagree	6	4.76%	
Answered	126	100.00%	

**S.5. Tell us about your experience(s) with our Community Action Agency.**

The number of clients who provided a response: 77  
(Contact the DCAA for the client responses to this question.)

**S.6. Tell us something you think our Community Action Agency should improve.**

The number of clients who provided a response: 34  
(Contact the DCAA for the client responses to this question.)

**What county do you live in?**

Black Hawk	118	59.90%
Bremer	7	3.55%
Buchanan	28	14.21%
Buena Vista	1	0.51%
Butler	1	0.51%
Chickasaw	1	0.51%
Clayton	1	0.51%
Delaware	1	0.51%
Fayette	1	0.51%
Franklin	2	1.02%
Grundy	33	16.75%
Humboldt	1	0.51%
Polk	1	0.51%
Tama	1	0.51%
Answered	197	100.00%
(skipped this question)	0	

**IF YOU RECEIVED SERVICES FROM OUR COMMUNITY ACTION AGENCY WITHIN THE LAST 12 MONTHS, PLEASE RESPOND TO THE FOLLOWING:****S.1. I had a positive experience when I received services.** WEIGHTED AVG:

5 - strongly agree	102	71.33%	<b>4.55</b>
4	23	16.08%	
3 - undecided/neutral	15	10.49%	
2	0	0.00%	
1 - strongly disagree	3	2.10%	
Answered	143	100.00%	

**S.2. I was helped in a timely manner.** WEIGHTED AVG:

5 - strongly agree	99	69.23%	<b>4.56</b>
4	27	18.88%	
3 - undecided/neutral	16	11.19%	
2	0	0.00%	
1 - strongly disagree	1	0.70%	
Answered	143	100.00%	

**S.3. The Community Action Agency staff I interacted with were friendly and helpful.** WEIGHTED AVG:

5 - strongly agree	104	72.73%	<b>4.63</b>
4	27	18.88%	
3 - undecided/neutral	11	7.69%	
2	0	0.00%	
1 - strongly disagree	1	0.70%	
Answered	143	100.00%	

**S.4. I was informed about other agency or community services that could help me with my needs.** WEIGHTED AVG:

5 - strongly agree	87	60.84%	<b>4.30</b>
4	28	19.58%	
3 - undecided/neutral	19	13.29%	
2	2	1.40%	
1 - strongly disagree	7	4.90%	
Answered	143	100.00%	

**S.5. Tell us about your experience(s) with our Community Action Agency.**

The number of clients who provided a response: 78  
(Contact the DCAA for the client responses to this question.)

**S.6. Tell us something you think our Community Action Agency should improve.**

The number of clients who provided a response: 54  
(Contact the DCAA for the client responses to this question.)

**What county do you live in?**

Boone	30	9.17%
Des Moines	2	0.61%
Iowa	1	0.31%
Jasper	19	5.81%
Johnson	1	0.31%
Marion	57	17.43%
Polk	170	51.99%
Warren	47	14.37%
Answered	327	100.00%
(skipped this question)	0	

**IF YOU RECEIVED SERVICES FROM OUR COMMUNITY ACTION AGENCY WITHIN THE LAST 12 MONTHS, PLEASE RESPOND TO THE FOLLOWING:**

**S.1. I had a positive experience when I received services.** WEIGHTED AVG:

5 - strongly agree	202	82.45%	<b>4.77</b>
4	33	13.47%	
3 - undecided/neutral	8	3.27%	
2	1	0.41%	
1 - strongly disagree	1	0.41%	
Answered	245	100.00%	

**S.2. I was helped in a timely manner.** WEIGHTED AVG:

5 - strongly agree	189	77.14%	<b>4.53</b>
4	22	8.98%	
3 - undecided/neutral	17	6.94%	
2	8	3.27%	
1 - strongly disagree	9	3.67%	
Answered	245	100.00%	

**S.3. The Community Action Agency staff I interacted with were friendly and helpful.** WEIGHTED AVG:

5 - strongly agree	211	86.12%	<b>4.81</b>
4	24	9.80%	
3 - undecided/neutral	9	3.67%	
2	0	0.00%	
1 - strongly disagree	1	0.41%	
Answered	245	100.00%	

**S.4. I was informed about other agency or community services that could help me with my needs.** WEIGHTED AVG:

5 - strongly agree	184	75.10%	<b>4.53</b>
4	26	10.61%	
3 - undecided/neutral	24	9.80%	
2	4	1.63%	
1 - strongly disagree	7	2.86%	
Answered	245	100.00%	

**S.5. Tell us about your experience(s) with our Community Action Agency.**

The number of clients who provided a response: 159  
 (Contact the DCAA for the client responses to this question.)

**S.6. Tell us something you think our Community Action Agency should improve.**

The number of clients who provided a response: 112  
 (Contact the DCAA for the client responses to this question.)



**What county do you live in?**

Appanoose	1	0.40%
Clarke	47	18.58%
Decatur	39	15.42%
Iowa	1	0.40%
Lucas	25	9.88%
Monroe	81	32.02%
Wayne	59	23.32%
Answered	253	100.00%
(skipped this question)	0	

IF YOU RECEIVED SERVICES FROM OUR COMMUNITY ACTION AGENCY WITHIN THE LAST 12 MONTHS, PLEASE RESPOND TO THE FOLLOWING:

**S.1. I had a positive experience when I received services.** WEIGHTED AVG:

5 - strongly agree	180	88.67%	<b>4.87</b>
4	22	10.84%	
3 - undecided/neutral	0	0.00%	
2	0	0.00%	
1 - strongly disagree	1	0.49%	
Answered	203	100.00%	

**S.2. I was helped in a timely manner.** WEIGHTED AVG:

5 - strongly agree	178	87.68%	<b>4.86</b>
4	23	11.33%	
3 - undecided/neutral	0	0.00%	
2	2	0.99%	
1 - strongly disagree	0	0.00%	
Answered	203	100.00%	

**S.3. The Community Action Agency staff I interacted with were friendly and helpful.** WEIGHTED AVG:

5 - strongly agree	185	91.13%	<b>4.90</b>
4	17	8.37%	
3 - undecided/neutral	0	0.00%	
2	0	0.00%	
1 - strongly disagree	1	0.49%	
Answered	203	100.00%	

**S.4. I was informed about other agency or community services that could help me with my needs.** WEIGHTED AVG:

5 - strongly agree	152	74.88%	<b>4.61</b>
4	31	15.27%	
3 - undecided/neutral	15	7.39%	
2	2	0.99%	
1 - strongly disagree	3	1.48%	
Answered	203	100.00%	

**S.5. Tell us about your experience(s) with our Community Action Agency.**

The number of clients who provided a response: 143  
(Contact the DCAA for the client responses to this question.)

**S.6. Tell us something you think our Community Action Agency should improve.**

The number of clients who provided a response: 92  
(Contact the DCAA for the client responses to this question.)

**What county do you live in?**

Des Moines	144	23.38%
Henry	43	6.98%
Iowa	2	0.32%
Kossuth	1	0.16%
Lee	384	62.34%
Linn	1	0.16%
Louisa	37	6.01%
Washington	4	0.65%
Answered	616	100.00%
(skipped this question)	3	

IF YOU RECEIVED SERVICES FROM OUR COMMUNITY ACTION AGENCY WITHIN THE LAST 12 MONTHS, PLEASE RESPOND TO THE FOLLOWING:

**S.1. I had a positive experience when I received services.** WEIGHTED AVG:

5 - strongly agree	436	88.26%	<b>4.84</b>
4	46	9.31%	
3 - undecided/neutral	6	1.21%	
2	2	0.40%	
1 - strongly disagree	4	0.81%	
Answered	494	100.00%	

**S.2. I was helped in a timely manner.** WEIGHTED AVG:

5 - strongly agree	436	88.62%	<b>4.85</b>
4	43	8.74%	
3 - undecided/neutral	9	1.83%	
2	3	0.61%	
1 - strongly disagree	1	0.20%	
Answered	492	100.00%	

**S.3. The Community Action Agency staff I interacted with were friendly and helpful.** WEIGHTED AVG:

5 - strongly agree	436	88.80%	<b>4.84</b>
4	40	8.15%	
3 - undecided/neutral	10	2.04%	
2	2	0.41%	
1 - strongly disagree	3	0.61%	
Answered	491	100.00%	

**S.4. I was informed about other agency or community services that could help me with my needs.** WEIGHTED AVG:

5 - strongly agree	359	75.58%	<b>4.58</b>
4	55	11.58%	
3 - undecided/neutral	41	8.63%	
2	17	3.58%	
1 - strongly disagree	3	0.63%	
Answered	475	100.00%	

**S.5. Tell us about your experience(s) with our Community Action Agency.**

The number of clients who provided a response: 321  
 (Contact the DCAA for the client responses to this question.)

**S.6. Tell us something you think our Community Action Agency should improve.**

The number of clients who provided a response: 207  
 (Contact the DCAA for the client responses to this question.)

**What county do you live in?**

Appanoose	3	0.44%
Dallas	1	0.15%
Davis	25	3.64%
Jasper	3	0.44%
Jefferson	350	51.02%
Jones	2	0.29%
Keokuk	105	15.31%
Lee	1	0.15%
Mahaska	8	1.17%
Marion	1	0.15%
Van Buren	32	4.66%
Wapello	153	22.30%
Washington	2	0.29%
Answered	686	100.00%
(skipped this question)	3	

IF YOU RECEIVED SERVICES FROM OUR COMMUNITY ACTION AGENCY WITHIN THE LAST 12 MONTHS, PLEASE RESPOND TO THE FOLLOWING:

**S.1. I had a positive experience when I received services.** WEIGHTED AVG:

5 - strongly agree	352	81.48%	<b>4.75</b>
4	61	14.12%	
3 - undecided/neutral	13	3.01%	
2	3	0.69%	
1 - strongly disagree	3	0.69%	
Answered	432	100.00%	

**S.2. I was helped in a timely manner.** WEIGHTED AVG:

5 - strongly agree	350	81.40%	<b>4.77</b>
4	65	15.12%	
3 - undecided/neutral	13	3.02%	
2	1	0.23%	
1 - strongly disagree	1	0.23%	
Answered	430	100.00%	

**S.3. The Community Action Agency staff I interacted with were friendly and helpful.** WEIGHTED AVG:

5 - strongly agree	366	84.72%	<b>4.80</b>
4	51	11.81%	
3 - undecided/neutral	10	2.31%	
2	4	0.93%	
1 - strongly disagree	1	0.23%	
Answered	432	100.00%	

**S.4. I was informed about other agency or community services that could help me with my needs.** WEIGHTED AVG:

5 - strongly agree	283	68.36%	<b>4.45</b>
4	67	16.18%	
3 - undecided/neutral	43	10.39%	
2	11	2.66%	
1 - strongly disagree	10	2.42%	
Answered	414	100.00%	

**S.5. Tell us about your experience(s) with our Community Action Agency.**

The number of clients who provided a response: 223  
 (Contact the DCAA for the client responses to this question.)

**S.6. Tell us something you think our Community Action Agency should improve.**

The number of clients who provided a response: 127  
 (Contact the DCAA for the client responses to this question.)

**What county do you live in?**

Buchanan	1	0.20%
Buena Vista	42	8.50%
Clay	40	8.10%
Dickinson	43	8.70%
Emmet	40	8.10%
Hamilton	43	8.70%
Howard	1	0.20%
Humboldt	41	8.30%
O'Brien	41	8.30%
Osceola	41	8.30%
Palo Alto	40	8.10%
Pocahontas	40	8.10%
Webster	41	8.30%
Wright	40	8.10%
Answered	494	100.00%
(skipped this question)	0	

**IF YOU RECEIVED SERVICES FROM OUR COMMUNITY ACTION AGENCY WITHIN THE LAST 12 MONTHS, PLEASE RESPOND TO THE FOLLOWING:****S.1. I had a positive experience when I received services.** WEIGHTED AVG:

5 - strongly agree	372	89.42%	<b>4.89</b>
4	41	9.86%	
3 - undecided/neutral	3	0.72%	
2	0	0.00%	
1 - strongly disagree	0	0.00%	
Answered	416	100.00%	

**S.2. I was helped in a timely manner.** WEIGHTED AVG:

5 - strongly agree	368	88.67%	<b>4.87</b>
4	40	9.64%	
3 - undecided/neutral	6	1.45%	
2	1	0.24%	
1 - strongly disagree	0	0.00%	
Answered	415	100.00%	

**S.3. The Community Action Agency staff I interacted with were friendly and helpful.** WEIGHTED AVG:

5 - strongly agree	378	91.08%	<b>4.90</b>
4	33	7.95%	
3 - undecided/neutral	4	0.96%	
2	0	0.00%	
1 - strongly disagree	0	0.00%	
Answered	415	100.00%	

**S.4. I was informed about other agency or community services that could help me with my needs.** WEIGHTED AVG:

5 - strongly agree	343	83.66%	<b>4.75</b>
4	42	10.24%	
3 - undecided/neutral	17	4.15%	
2	4	0.98%	
1 - strongly disagree	4	0.98%	
Answered	410	100.00%	

**S.5. Tell us about your experience(s) with our Community Action Agency.**

The number of clients who provided a response: 313  
(Contact the DCAA for the client responses to this question.)

**S.6. Tell us something you think our Community Action Agency should improve.**

The number of clients who provided a response: 229  
(Contact the DCAA for the client responses to this question.)

**What county do you live in?**

Audubon	1	0.12%
Cass	74	9.01%
Clayton	1	0.12%
Crawford	131	15.96%
Fremont	34	4.14%
Hamilton	2	0.24%
Harrison	68	8.28%
Iowa	1	0.12%
Mills	18	2.19%
Mitchell	1	0.12%
Monona	102	12.42%
Montgomery	100	12.18%
Page	68	8.28%
Pottawattamie	162	19.73%
Shelby	58	7.06%
Answered	821	100.00%
(skipped this question)	0	

**IF YOU RECEIVED SERVICES FROM OUR COMMUNITY ACTION AGENCY WITHIN THE LAST 12 MONTHS, PLEASE RESPOND TO THE FOLLOWING:**

**S.1. I had a positive experience when I received services.** WEIGHTED AVG:

5 - strongly agree	546	83.11%	<b>4.78</b>
4	80	12.18%	
3 - undecided/neutral	31	4.72%	
2	0	0.00%	
1 - strongly disagree	0	0.00%	
Answered	657	100.00%	

**S.2. I was helped in a timely manner.** WEIGHTED AVG:

5 - strongly agree	546	83.11%	<b>4.79</b>
4	82	12.48%	
3 - undecided/neutral	28	4.26%	
2	1	0.15%	
1 - strongly disagree	0	0.00%	
Answered	657	100.00%	

**S.3. The Community Action Agency staff I interacted with were friendly and helpful.** WEIGHTED AVG:

5 - strongly agree	561	85.39%	<b>4.80</b>
4	67	10.20%	
3 - undecided/neutral	25	3.81%	
2	4	0.61%	
1 - strongly disagree	0	0.00%	
Answered	657	100.00%	

**S.4. I was informed about other agency or community services that could help me with my needs.** WEIGHTED AVG:

5 - strongly agree	496	75.49%	<b>4.63</b>
4	98	14.92%	
3 - undecided/neutral	53	8.07%	
2	4	0.61%	
1 - strongly disagree	6	0.91%	
Answered	657	100.00%	

**S.5. Tell us about your experience(s) with our Community Action Agency.**

The number of clients who provided a response: 395  
 (Contact the DCAA for the client responses to this question.)

**S.6. Tell us something you think our Community Action Agency should improve.**

The number of clients who provided a response: 206  
 (Contact the DCAA for the client responses to this question.)

**What county do you live in?**

Iowa	5	1.95%
Monona	2	0.78%
Woodbury	249	97.27%
Answered	256	100.00%
(skipped this question)	0	

IF YOU RECEIVED SERVICES FROM OUR COMMUNITY ACTION AGENCY WITHIN THE LAST 12 MONTHS, PLEASE RESPOND TO THE FOLLOWING:

**S.1. I had a positive experience when I received services.** WEIGHTED AVG:

5 - strongly agree	150	72.82%	<b>4.56</b>
4	24	11.65%	
3 - undecided/neutral	29	14.08%	
2	3	1.46%	
1 - strongly disagree	0	0.00%	
Answered	206	100.00%	

**S.2. I was helped in a timely manner.** WEIGHTED AVG:

5 - strongly agree	148	71.84%	<b>4.54</b>
4	27	13.11%	
3 - undecided/neutral	27	13.11%	
2	2	0.97%	
1 - strongly disagree	2	0.97%	
Answered	206	100.00%	

**S.3. The Community Action Agency staff I interacted with were friendly and helpful.** WEIGHTED AVG:

5 - strongly agree	150	72.82%	<b>4.58</b>
4	28	13.59%	
3 - undecided/neutral	27	13.11%	
2	0	0.00%	
1 - strongly disagree	1	0.49%	
Answered	206	100.00%	

**S.4. I was informed about other agency or community services that could help me with my needs.** WEIGHTED AVG:

5 - strongly agree	130	63.11%	<b>4.33</b>
4	28	13.59%	
3 - undecided/neutral	40	19.42%	
2	2	0.97%	
1 - strongly disagree	6	2.91%	
Answered	206	100.00%	

**S.5. Tell us about your experience(s) with our Community Action Agency.**

The number of clients who provided a response: 110  
 (Contact the DCAA for the client responses to this question.)

**S.6. Tell us something you think our Community Action Agency should improve.**

The number of clients who provided a response: 69  
 (Contact the DCAA for the client responses to this question.)

# APPENDIX

IOWA COMMUNITY ACTION AGENCIES  
Client Needs Assessment Survey

Iowa's Community Action Agencies are conducting a study of the needs individuals and families may be experiencing in their lives. The results and information from the study will be considered by the Community Action Agencies for planning, developing, and delivering agency programs and services.

**INSTRUCTIONS:** Please answer each question by checking the appropriate box (or boxes) or providing a written response. After completing the survey, please return it where you received it. **All survey responses are anonymous.**

*Your answers will help us improve our communities. Thank you for participating.*

**HOUSEHOLD CHARACTERISTICS**

- 1. What county do you live in? \_\_\_\_\_
- 2. What is your household's zip code? \_\_\_\_\_
- 3. How many people are in your household? \_\_\_\_\_
- 4. How many adults (18 years old and older) are in your household? \_\_\_\_\_
- 5. Are you or any member in your household 55 years old or older?  YES  NO
- 6. Does anyone in your household receive Medicaid (Title XIX)?  YES  NO
- 7. Is anyone in your household homebound (unable to leave your home)?  YES  NO
- 8. Are there children (under 3 years old) in your household?  YES  NO
- 9. Are there preschool children (3-5 years old) in your household?  YES  NO
- 10. Are there school-aged children (6-11 years old) in your household?  YES  NO
- 11. Are there youth (12-17 years old) in your household?  YES  NO
- 12. Are there children/youth (under the age of 18) in your household with special needs?  YES  NO
- 13. Is your household a foster care provider for a child or children (0-5 years old)?  YES  NO
- 14. Is anyone in your household pregnant?  YES  NO
- 15. Is anyone in your household physically disabled?  YES  NO
- 16. Does anyone in your household have mental health issues?  YES  NO
- 17. What is your gender?  Male  Female  Other
- 18. What is your race?  White  Black or African American  Asian  American Indian  Alaska Native  
 Native Hawaiian or Pacific Islander  Other  Multi-race  Unknown
- 19. Is your ethnicity Hispanic, Latino, or Spanish Origin?  YES  NO  Unsure
- 20. What is the primary language of your household (e.g. English, Spanish, Vietnamese, Burmese, etc.)? \_\_\_\_\_

**EMPLOYMENT**

- 21. How many adults (18 and older) in your household work 30 hours a week or more? \_\_\_\_\_
- 22. How many adults in your household work less than 30 hours a week? \_\_\_\_\_
- 23. How many of the adults in your household are working and are trying to find a better job? \_\_\_\_\_
- 24. How many of the adults in your household are unemployed and are trying to find a job? \_\_\_\_\_
- 25. Do you or another adult in your household have employment needs?  YES  NO *(If NO, go to #27)*  
If YES, which of these employment needs could you or another adult in your household use help with? Select all that apply:
  - Finding a job or a better job
  - Knowing what jobs are available
  - Moving to a different area to get a job or a different job
  - Getting skills training for the job that I want
  - Learning job search skills (i.e. interviewing, writing resumes, applying for jobs online)
  - Other employment needs, please specify: \_\_\_\_\_

**EDUCATION**

- 26. Do you or another adult (18 and older) in your household have education needs or goals?  YES  NO *(If NO, go to #27)*  
If YES, which of these education needs could you or another adult in your household use help with? Select all that apply:
  - Obtaining a four-year university or college degree
  - Obtaining a two-year community/junior college degree
  - Obtaining a technical, vocational, or trade school license, certificate, or degree
  - Obtaining a high school diploma or GED/HISET/HSED
  - Learning or improving computer skills/literacy
  - Learning or improving communication or language skills
  - Other education needs or goals, please specify: \_\_\_\_\_



**FINANCIAL MANAGEMENT**

27. In the last 12 months, how has your household's income changed?  No change  Increased  Decreased  
If your income increased or decreased, why did it? \_\_\_\_\_
28. Does your household have financial management needs? .....  YES  NO *(If NO, go to #29)*  
If YES, which of these financial management needs could your household use help with? Select all that apply:  
 Budgeting and managing money  
 Opening a checking or savings account  
 Filling out tax forms  
 Understanding credit scores  
 Solving problems with a credit card or loan company  
 Solving problems with a utility company  
 Solving problems with a payday loan company  
 Other financial management needs, please specify: \_\_\_\_\_

**LEGAL ISSUES**

29. Does your household need legal assistance to help solve problems or issues? .....  YES  NO *(If NO, go to #30)*  
(e.g. divorce, child support, immigration, foreclosure, bankruptcy, simple or minor misdemeanor, etc.)  
If YES, please specify the problems or issues: \_\_\_\_\_

**HOUSING**

30. Does your household have unmet housing needs? .....  YES  NO *(If NO, go to #31)*  
If YES, which of these housing needs could your household use help with? Select all that apply:  
 Finding safe and affordable housing that fits my household's needs  
 Obtaining a loan to buy a house  
 Making necessary home or property repairs  
 Making my home more energy efficient  
 Making changes to my home for a household member with physical disabilities or is homebound  
 Other housing needs, please specify: \_\_\_\_\_

**FOOD AND NUTRITION**

31. Is your household enrolled in DHS' Food Assistance Program (SNAP)? .....  YES  NO
32. Does your household have unmet food or nutrition needs? .....  YES  NO *(If NO, go to #33)*  
If YES, which of these food and nutrition needs could your household use help with? Select all that apply:  
 Getting food from food pantries, meal sites, or food shelves  
 Having enough food at home  
 Learning how to stretch my food dollars  
 Learning how to shop and cook for healthy eating  
 Learning how to model healthy eating for my household  
 Getting nutritious foods for a pregnant household member  
 Obtaining breastfeeding education and assistance for a pregnant household member  
 Other food or nutrition needs, please specify: \_\_\_\_\_

**CHILD CARE AND CHILD DEVELOPMENT**

33. Are there children under the age of 12 in your household? .....  YES  NO *(If NO, go to #35)*
34. Does your household have unmet child care or child development needs? .....  YES  NO *(If NO, go to #35)*  
If YES, which of these child care or child development needs could your household use help with? Select all that apply:  
 Finding child care in a convenient location  
 Finding quality child care  
 Finding affordable child care  
 Finding weekday daytime child care  
 Finding evening or nighttime child care  
 Finding weekend child care  
 Finding a child care provider that accepts Child Care Assistance  
 Finding a quality preschool  
 Finding before/after school programs for the school-aged children in my household  
 Finding services or resources for the children in my household with special needs  
 Preparing the preschool children in my household for school  
 Other child care or child development needs, please specify: \_\_\_\_\_

**PARENTING AND FAMILY SUPPORT**

35. Are there children/youth under the age of 18 in your household? .....  YES  NO (If NO, go to #38)

36. Do the children/youth in your household get free or reduced price school meals? .....  YES  NO

37. Does your household have unmet parenting or family support needs? .....  YES  NO (If NO, go to #38)

If YES, which of these parenting and family support needs could your household use help with? Select all that apply:

- Learning how to set goals and plan for my household
- Learning how to mentor/teach the children/youth in my household more effectively
- Learning how to communicate with and set boundaries for the teenage youth in my household
- Learning how to help the children/youth in my household who have displayed bullying or violent behavior
- Learning how to help the children/youth in my household who have encountered bullying or violent behavior
- Learning how to talk to the children/youth in my household about drugs and alcohol
- Learning how to talk to the children/youth in my household about sex, STIs, etc.
- Learning how to help the children/youth in my household cope with stress, depression, or emotional issues
- Finding services or resources for the children/youth in my household with special needs
- Obtaining family planning or birth control education and assistance
- Other parenting or family support needs, please specify: \_\_\_\_\_

**TRANSPORTATION**

38. Does your household have unmet transportation needs? .....  YES  NO (If NO, go to #39)

If YES, which of these transportation needs could your household use help with? Select all that apply:

- Obtaining access to public transportation (e.g. buses, trolleys)
- Getting a dependable vehicle (e.g. car, van, truck)
- Repairing our household’s vehicle(s)
- Getting a driver’s license
- Getting vehicle insurance
- Getting to and from work
- Getting to and from appointments or errands
- Getting the children in my household to and from child care
- Getting the children/youth in my household to and from school
- Getting the children/youth in my household to and from before/after school activities or club activities
- Other transportation needs, please specify: \_\_\_\_\_

**HEALTH**

39. Does anyone in your household have unmet health needs?.....  YES  NO (If NO, go to #40)

If YES, which of these health needs could your household use help with? Select all that apply:

- Getting affordable health insurance
- Getting affordable dental insurance
- Finding a doctor who accepts Medicaid (Title XIX)
- Finding a dentist who accepts Medicaid (Title XIX)
- Managing medications
- Getting treatment for a drug or alcohol issue
- Getting treatment or counseling for a mental health issue
- Dealing with stress, depression, or anxiety
- Dealing with issues related to physical, emotional, or sexual abuse
- Getting regular check-ups, immunizations, developmental screens, or physicals for the children in my household
- Getting reproductive health care, including access to birth control and STI testing
- Getting the necessary medical care for a pregnant household member
- Other health needs, please specify: \_\_\_\_\_

40. Are you or anyone in your household dealing with opioid addiction? .....  YES  NO

41. Do you know anyone, outside of your household, who is dealing with opioid addiction? .....  YES  NO

**OTHER**

42. Do you have phone service? .....  YES  NO

43. Do you have Internet or access to Internet service? .....  YES  NO

44. Do you have access to affordable recreation? .....  YES  NO

45. Which of these basic needs could your household use help with? Select all that apply:

- Getting basic furniture, appliances, or house wares
- Getting personal care items such as soap, diapers, toilet paper, etc.
- Getting clothing or shoes
- Doing yard work or snow removal
- Doing housework

46. In the last 12 months, what issue(s) were you or your household unable to get help with?  
\_\_\_\_\_
47. What are TWO important household needs that you want to resolve?  
(1) \_\_\_\_\_ (2) \_\_\_\_\_
48. What are TWO things you would like to see improved in your neighborhood or community?  
(1) \_\_\_\_\_ (2) \_\_\_\_\_
49. Are you the primary caregiver (e.g. parent, guardian, custodial grandparent, step-parent, foster parent) of a child or children in Head Start or Early Head Start? .....  YES  NO *(If NO, go to #50)*
- (a) Are you currently working? .....  YES  NO *(If NO, go to (b))*  
 (1) Do you work on the weekdays (Monday through Friday) during the daytime? .....  YES  NO  
 (2) Do you work in the evenings, at nighttime, and/or on the weekends? .....  YES  NO
- (b) Are you a student or are you taking high-school, college, or university classes? .....  YES  NO *(If NO, go to (c))*  
 (1) Do you have classes on the weekdays (Monday through Friday) during the daytime? .....  YES  NO  
 (2) Do you have classes in the evenings, at nighttime, and/or on the weekends? .....  YES  NO
- (c) Are you attending courses or training programs designed to help you find a job, improve your job skills, or learn a new job? .....  YES  NO *(If NO, go to #50)*  
 (1) Do you have courses/training on weekdays (Mon. through Fri.) during the daytime? .....  YES  NO  
 (2) Do you have courses/training in the evenings, at nighttime, and/or on the weekends? .....  YES  NO
50. How did you learn about our Community Action Agency? Select all that apply:  
 Family or friend       Current or former agency client       Social media (Facebook, Twitter, Instagram, etc.)  
 United Way 211       Mailing/Brochure/Flyer       Faith-based organization (church, temple, etc.)  
 Television/Radio       Phone book       I was referred by another organization or agency  
 Newspaper       Internet/Website       Other, please specify: \_\_\_\_\_
51. When would you prefer to come to one of our locations (offices) when you need assistance? Select one:  
 Monday through Friday mornings: 6:30 am – 8:00 am       Other, please specify: \_\_\_\_\_  
 Monday through Friday: 8:00 am - 4:30 pm       I am unable to go to any of your locations (please explain): \_\_\_\_\_  
 Monday through Friday evenings: 4:30 pm - 7:00 pm  
 Saturday: 9:00 am - 12:00 pm \_\_\_\_\_
52. What services has your household received from our agency within the last 12 months? Select all that apply:  
*[this will be a list of agency specific services]*

**Client Satisfaction Survey**

**If you received services from our Community Action Agency within the last 12 months,** please respond to the following:  
 (Scale: 5=Strongly Agree, 4=Agree, 3=Undecided/Neutral, 2=Disagree, 1=Strongly Disagree)

1. I had a positive experience when I received services .....  5  4  3  2  1
2. I was helped in a timely manner .....  5  4  3  2  1
3. The Community Action Agency staff I interacted with were friendly and helpful .....  5  4  3  2  1
4. I was informed about other agency or community services that could help me with my needs? .....  5  4  3  2  1
5. Tell us about your experience(s) with our Community Action Agency: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Tell us something you think our Community Action Agency should improve: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

AGENCIAS DE ACCIÓN COMUNITARIA DE IOWA  
Encuesta de Evaluación de Necesidades del Cliente

Las Agencias de Acción Comunitaria de Iowa están conduciendo un estudio de las necesidades que personas individuales y familias pueden estar experimentando en sus vidas. Los resultados y la información del estudio serán considerados por las Agencias de Acción Comunitaria para la planificación, desarrollo y entrega de los programas y servicios de la agencia.

**INSTRUCCIONES:** Por favor conteste cada pregunta marcando la(s) caja(s) apropiada(s) o proporcione una respuesta escrita. Después de completar la encuesta, favor de regresarla a donde la recibió. Todas las encuestas se mantendrán confidenciales.

*Sus respuestas ayudaran a mejorar nuestras comunidades. Gracias por su participación.*

**CHARACTERISTICAS DEL HOGAR**

1. ¿En qué condado vive? .....
2. ¿Cuál es el código postal de su hogar? .....
3. ¿Cuántas personas viven en su hogar? .....
4. ¿Cuántos adultos (18 años o mayor) viven en su hogar?.....
5. ¿Es usted o alguien en su hogar mayor de 55 años? .....  SI  NO
6. ¿Recibe alguien en su hogar Medicaid (Titulo XIX)? .....  SI  NO
7. ¿Está alguien en su hogar confinado en casa (incapaz de salir del hogar)?.....  SI  NO
8. ¿Hay niños menores de 3 años en su hogar?.....  SI  NO
9. ¿Hay niños en preescolar (3-5 años) en su hogar? .....  SI  NO
10. ¿Hay niños de edad escolar (6-11 años) en su hogar? .....  SI  NO
11. ¿Hay jóvenes (12-17 años) en su hogar? .....  SI  NO
12. ¿Hay niños o jóvenes en su hogar con necesidades especiales? .....  SI  NO
13. ¿Es su hogar un proveedor de cuidado de crianza para un niño o niños?.....  SI  NO
14. ¿Alguien en su hogar está embarazada? .....  SI  NO
15. ¿Alguien en su hogar tiene discapacidad física? .....  SI  NO
16. ¿Alguien en su hogar tiene problemas de salud mental? .....  SI  NO
17. ¿Cuál es su género? .....  Masculino  Femenino  Otro
18. ¿Cuál es su raza? .....  Blanco  Afroamericano  Asiático  Indio Americano  Nativo de Alaska  
 Nativo Hawaiano o Isleño Pacifico  Otro  Multi-racial  Desconocido
19. ¿Es su etnicidad de origen hispano, latino, o español? .....  SI  NO  Inseguro
20. ¿Cuál es el lenguaje primario en su hogar (p.ej. inglés, español, vietnamita, birmano, etc.)? .....

**EMPLEO**

21. ¿Cuántos adultos (mayores de 18 años) en su hogar trabajan 30 horas o más por semana?.....
22. ¿Cuántos adultos en su hogar trabajan menos de 30 horas por semana? .....
23. ¿Cuántos adultos en su hogar trabajan y están intentando encontrar un trabajo mejor? .....
24. ¿Cuántos adultos en su hogar están desempleados y están intentando encontrar un trabajo? .....
25. ¿Tiene usted o algún otro adulto en su hogar necesidades de empleo?.....  SI  NO *(Si la respuesta es NO, vaya al #26)*

Si la respuesta es SI, ¿con cuál de las siguientes necesidades de empleo necesita ayuda usted o algún otro adulto en su hogar?

Seleccione todas las que apliquen:

- Encontrando un trabajo o un trabajo mejor
- Sabiendo cuales trabajos están disponibles
- Mudanza a un área diferente para obtener un trabajo o trabajo mejor
- Obteniendo entrenamiento en habilidades para el trabajo que quiero
- Aprendiendo habilidades de búsqueda de empleo (p. ej. entrevistas, redacción de currículos, solicitud de empleo en línea)
- Otras necesidades de empleo, por favor especifique: .....

## **EDUCACIÓN**

26. ¿Tiene usted o algún otro adulto (mayor de 18 años) en su hogar necesidades o metas educacionales? .....  SI  NO *(Si la respuesta es NO, vaya al #27)*  
Si la respuesta es SI, ¿con cuál de las siguientes necesidades educacionales necesita ayuda usted o algún otro adulto en su hogar? Seleccione todas las que apliquen:
- Obteniendo título de licenciatura universitaria
  - Obteniendo título asociado universitario
  - Obteniendo un título o certificado técnico o vocacional, o licencia de escuela de oficios
  - Obteniendo un diploma de escuela secundaria, o preparatoria, o GED/HISET/HSED
  - Aprendiendo o mejorando habilidades computacionales
  - Aprendiendo o mejorando habilidades de comunicación o lenguaje
  - Otras necesidades o metas educacionales, por favor especifique: \_\_\_\_\_

## **ADMINISTRACIÓN DE FINANZAS**

27. En los últimos 12 meses, ¿cómo ha cambiado el ingreso de su hogar?  Ningún cambio  Aumentado  Disminuido  
Si su ingreso aumento o disminuyo, ¿cuál fue la causa? \_\_\_\_\_
28. ¿Tiene su hogar necesidades de administración de finanzas? .....  SI  NO *(Si la respuesta es NO, vaya al #29)*  
Si la respuesta es SI, ¿con cuál de las siguientes necesidades de administración de finanzas necesita ayuda su hogar? Seleccione todas las que apliquen:
- Presupuesto y administración de dinero
  - Abriendo una cuenta de cheques o ahorros
  - Llenando formas de impuestos
  - Entendiendo puntuación de crédito
  - Resolviendo problemas con una compañía de tarjeta de crédito o préstamos
  - Resolviendo problemas con una compañía de utilidades
  - Resolviendo problemas con una compañía de préstamos de día de pago
  - Otras necesidades de administración de finanzas, por favor especifique: \_\_\_\_\_

## **PROBLEMAS LEGALES**

29. ¿Tiene su hogar necesidades de asistencia legal para resolver problemas? (p. ej. divorcio, manutención de hijos, inmigración, ejecución hipotecaria, bancarrota, delito simple o menor, etc.).....  SI  NO *(Si la respuesta es NO, vaya al #30)*  
Si la respuesta es SI, por favor especifique el problema: \_\_\_\_\_

## **VIVIENDA**

30. ¿Tiene su hogar necesidades de vivienda insatisfechas?.....  SI  NO *(Si la respuesta es NO, vaya al #31)*  
Si la respuesta es SI, ¿con cuál de las siguientes necesidades de vivienda necesita ayuda su hogar? Seleccione todas las que apliquen:
- Encontrando una vivienda segura y asequibles que se adapten a las necesidades de mi hogar
  - Obteniendo un préstamo para comprar una casa
  - Haciendo reparaciones necesarias a la vivienda o propiedad
  - Haciendo mi hogar más eficiente en el uso de energía
  - Haciendo cambios a mi hogar para un miembro del hogar que está confinado en casa o tiene discapacidades físicas
  - Otras necesidades de vivienda, por favor especifique: \_\_\_\_\_

## **ALIMENTO Y NUTRICIÓN**

31. ¿Está inscrito su hogar en el Programa de Asistencia Alimentaria del DHS (SNAP)? ...  SI  NO
32. ¿Tiene su hogar necesidades alimentarias o nutricionales insatisfechas? .....  SI  NO *(Si la respuesta es NO, vaya al #33)*  
Si la respuesta es SI, ¿con cuál de las siguientes necesidades alimentarias o nutricionales necesita ayuda su hogar? Seleccione todas las que apliquen:
- Obteniendo alimentos de despensas de alimento, sitios de comida, o estante de alimentos
  - Teniendo suficiente comida en casa
  - Aprendiendo como estirar mis dólares de comida
  - Aprendiendo como comprar y cocinar para alimentación saludable
  - Aprendiendo como modelar alimentación saludable para mi hogar
  - Obteniendo alimentos nutritivos para un miembro de la familia que está embarazada
  - Obteniendo educación y asistencia en lactancia materna para un miembro de la familia que está embarazada
  - Otras necesidades alimentarias o nutricionales, por favor especifique: \_\_\_\_\_

### **CUIDADO Y DESARROLLO INFANTIL**

33. ¿Hay niños menores de 12 años de edad en su hogar? .....  SI  NO *(Si la respuesta es NO, vaya al #35)*
34. ¿Tiene su hogar necesidades de cuidado o desarrollo infantil insatisfechas? .....  SI  NO *(Si la respuesta es NO, vaya al #35)*

Si la respuesta es SI, ¿con cuál de las siguientes necesidades de cuidado o desarrollo infantil necesita ayuda su hogar? Seleccione todas las que apliquen:

- Encontrando cuidado infantil en una locación conveniente
- Encontrando cuidado infantil de buena calidad
- Encontrando cuidado infantil asequible
- Encontrando cuidado infantil durante la semana
- Encontrando cuidado infantil por las tardes o durante la noche
- Encontrando cuidado infantil durante el fin de semana
- Encontrando un proveedor de cuidado infantil que acepte Asistencia de Cuidado Infantil
- Encontrando una escuela preescolar de buena calidad
- Encontrando programas antes/después de la escuela para niños de edad escolar en mi hogar
- Encontrando servicios o recursos para los niños en mi casa con necesidades especiales
- Preparando los niños preescolares en mi hogar para la escuela
- Otras necesidades de cuidado o desarrollo infantil, por favor especifique: \_\_\_\_\_

### **APOYO DE CRIANZA Y FAMILIA**

35. ¿Hay niños/jóvenes menores de 18 años en su hogar? .....  SI  NO *(Si la respuesta es NO, vaya al #38)*
36. ¿Reciben los niños/jóvenes en su hogar comida en la escuela gratis o a precio reducido? .....  SI  NO
37. ¿Tiene su hogar necesidades de apoyo de crianza y familia insatisfechas? .....  SI  NO *(Si respuesta es NO, vaya al #38)*

Si la respuesta es SI, ¿con cuál de las siguientes necesidades de apoyo de crianza y familia necesita ayuda su hogar? Seleccione todas las que apliquen:

- Aprendiendo a establecer metas y planear para mi hogar
- Aprendiendo a guiar/enseñar a los niños/jóvenes en mi hogar de manera más efectiva
- Aprendiendo a comunicarme y establecer límites para los jóvenes adolescentes en mi hogar
- Aprendiendo como ayudar a los niños/jóvenes en mi hogar que han mostrado intimidación o comportamiento violento
- Aprendiendo como ayudar a los niños/jóvenes en mi hogar que han sufrido intimidación o comportamiento violento
- Aprendiendo como hablar con los niños/jóvenes en mi hogar acerca de drogas y alcohol
- Aprendiendo como hablar con los niños/jóvenes en mi hogar acerca del sexo, infecciones de transmisión sexual, etc.
- Aprendiendo como ayudar a los niños/jóvenes en mi hogar a lidiar con estrés, la depresión, o problemas emocionales
- Encontrando servicios para los niños/jóvenes en mi hogar con necesidades especiales
- Obteniendo educación y asistencia en planificación familiar o control de natalidad
- Otras necesidades de apoyo de crianza y familia, por favor especifique: \_\_\_\_\_

### **TRANSPORTACIÓN**

38. ¿Tiene su hogar necesidades de transportación insatisfechas? .....  SI  NO *(Si la respuesta es NO, vaya al #39)*

Si la respuesta es SI, ¿con cuál de las siguientes necesidades de transportación necesita ayuda su hogar? Seleccione todas las que apliquen:

- Obteniendo acceso a transportación pública (p. ej. autobús, carretillas)
- Obteniendo un vehículo confiable (p. ej. automóvil, furgoneta, camioneta)
- Reparando los vehículos de nuestro hogar
- Obteniendo una licencia de conducir
- Obteniendo seguro de vehículo
- Yendo y viniendo del trabajo
- Yendo y viniendo a citas o mandados
- Llevando y trayendo a los niños en mi hogar a cuidado infantil
- Llevando y trayendo a los niños/jóvenes en mi hogar a la escuela
- Llevando y trayendo a los niños/jóvenes en mi hogar a actividades antes/después de la escuela
- Otras necesidades de transportación, por favor especifique: \_\_\_\_\_

**SALUD**

39. ¿Tiene alguien en su hogar necesidades de salud insatisfechas?.....  SI  NO *(Si la respuesta es NO, vaya al #40)*

Si la respuesta es SI, ¿con cuál de las siguientes necesidades de salud necesita ayuda su hogar? Seleccione todas las que apliquen:

- Obteniendo seguro de salud asequible
- Obteniendo seguro dental asequible
- Encontrando un doctor que acepta Medicaid (Titulo XIX)
- Encontrando un dentista que acepta Medicaid (Titulo XIX)
- Manejando medicamentos
- Obteniendo tratamiento para problemas de drogas o alcohol
- Obteniendo tratamiento asesoramiento para un problema de salud mental
- Lidiando con estrés, la depresión, o ansiedad
- Lidiando con problemas relacionados a abuso físico, emocional, o sexual
- Obteniendo chequeos regulares, vacunas, exámenes de desarrollo, o exámenes físicos para los niños en mi hogar
- Obteniendo atención de salud reproductiva, incluyendo acceso a control de natalidad, y pruebas de infecciones de transmisión sexual
- Obteniendo el cuidado médico necesario para un miembro del hogar que está embarazada
- Otras necesidades de salud, por favor especifique: \_\_\_\_\_

40. ¿Está lidiando usted o alguien en su hogar con adicción a los opioides?.....  SI  NO

41. ¿Conoce usted a alguien, afuera de su hogar, que está lidiando con adicción a los opioides?.....  SI  NO

**OTRO**

42. ¿Tiene usted servicio de teléfono?.....  SI  NO

43. ¿Tiene usted acceso al internet o servicio de internet?.....  SI  NO

44. ¿Tiene usted acceso a recreación asequible?.....  SI  NO

45. ¿Con cuál de las siguientes necesidades básicas necesita ayuda su hogar? Seleccione todas las que apliquen:

- Obteniendo muebles básicos, electrodomésticos, o artículos para el hogar
- Obteniendo artículos de cuidado personal como jabón, pañales, papel higiénico, etc.
- Obteniendo ropa o zapatos
- Haciendo trabajo de jardinería o remoción de nieve
- Haciendo trabajos de casa

46. En los últimos 12 meses, ¿con cuál(es) problema(as) no pudo usted o su hogar obtener ayuda?

\_\_\_\_\_

47. ¿Cuáles son DOS necesidades en su hogar que desea resolver?

(1) \_\_\_\_\_ (2) \_\_\_\_\_

48. ¿Cuáles son DOS cosas que le gustaría ver mejoradas en su vecindario o comunidad?

(1) \_\_\_\_\_ (2) \_\_\_\_\_

49. ¿Es usted el cuidador principal (p. ej. padre/madre, tutor, abuelo/a custodio, padrastro/madrastra, o padre/madre de crianza) de un niño o niños en Head Start o Early Head Start?.....  SI  NO *(Si la respuesta es NO, vaya al #50)*

(a) ¿Trabaja usted?.....  SI  NO *(Si la respuesta es NO, vaya al (b))*

(1) ¿Trabaja usted durante la semana (lunes a viernes) por el día?.....  SI  NO

(2) ¿Trabaja usted por las tardes, en las noches, y/o durante los fines de semana?.....  SI  NO

(b) ¿Es usted un estudiante o está tomando clases de secundaria, o Universidad?.....  SI  NO *(Si la respuesta es NO, vaya al (c))*

(1) ¿Tiene usted clases durante la semana (lunes a viernes) por el día?.....  SI  NO

(2) ¿Tiene usted clases por las tardes, en las noches, y/o durante los fines de semana?.....  SI  NO

(c) ¿Esta usted asistiendo cursos o programas de entrenamiento diseñados para ayudarle a encontrar un trabajo, mejorar sus habilidades de trabajo, o aprender un trabajo nuevo? .....  SI  NO *(Si la respuesta es NO, vaya al #50)*

(1) ¿Tiene usted clases/entrenamiento durante la semana (lunes a viernes) por el día?.....  SI  NO

(2) ¿Tiene usted clases/entrenamiento por las tardes, en las noches, y/o durante los fines de semana?.....  SI  NO

50. ¿Como se entero acerca de nuestra Agencia de Acción Comunitaria? Seleccione todas las que apliquen:
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Familia o amigo  | <input type="checkbox"/> Cliente actual o anterior de la agencia | <input type="checkbox"/> Media Social (Facebook, Twitter, Instagram, etc.)    |
| <input type="checkbox"/> United Way 211   | <input type="checkbox"/> Correo/Folleto/Volante                  | <input type="checkbox"/> Organización basada en la fe (iglesia, templo, etc.) |
| <input type="checkbox"/> Televisión/Radio | <input type="checkbox"/> Libro de teléfono                       | <input type="checkbox"/> Referido por otra organización o agencia             |
| <input type="checkbox"/> Periódico        | <input type="checkbox"/> Internet/Sitio Web                      | <input type="checkbox"/> Otra, por favor especifique: _____                   |
51. ¿Cuándo preferiría venir a una de nuestras locaciones (oficinas) cuando necesita asistencia? Seleccione una:
- |   |  |
|---|--|
| <input type="checkbox"/> lunes a viernes por las mañanas: 6:30 am – 8:00 am | <input type="checkbox"/> Otra, por favor especifique: _____                                  |
| <input type="checkbox"/> lunes a viernes: 8:00 am - 4:30 pm                 | <input type="checkbox"/> No puedo ir a ninguna de sus locaciones (por favor explique): _____ |
| <input type="checkbox"/> lunes a viernes por las tardes: 4:30 pm - 7:00 pm  |  |
| <input type="checkbox"/> sábado: 9:00 am - 12:00 pm                         | _____  |

### Encuesta de Satisfacción del Cliente

**Si recibió servicios a través de nuestra Agencia de Acción Comunitaria en los últimos 12 meses, por favor conteste las siguientes preguntas:**

(Escala: 5=Muy de acuerdo, 4=De acuerdo, 3=Indeciso/Neutral, 2=En desacuerdo, 1=Muy en desacuerdo)

- |   |                            |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Tuve una experiencia positiva cuando recibí servicios .....  | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 2. Me ayudaron de manera oportuna.....  | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 3. El personal de la Agencia de Acción Comunitaria con cual interactúe fue amable y servicial.....                | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 4. Se me informo sobre otros servicios de la agencia o comunitarios que podrían ayudarme con mis necesidades..... | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |

5. Cuéntenos sobre su(s) experiencia(s) con nuestra Agencia de Acción Comunitaria: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Díganos algo que usted crea que nuestra Agencia de Acción Comunitaria debería mejorar: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**IOWA COMMUNITY ACTION AGENCIES  
CLIENT NEEDS ASSESSMENT SURVEY**

**INSTRUCTIONS**

**TIMELINE:**

- |                  |  |
|------------------|--|
| May 2019         | <ul style="list-style-type: none"><li>• Agencies will receive (by e-mail) their client survey document (hardcopy)</li><li>• Agencies will receive (by e-mail) their SurveyMonkey client survey link</li><li>• Agencies can start surveying their clients</li><li>• Agencies can start using their SurveyMonkey client survey link (clients can access and complete the survey on a smartphone)</li></ul> |
| January 31, 2020 | <ul style="list-style-type: none"><li>• Each agency must have at least 250 client surveys inputted in SurveyMonkey</li></ul>   |
| February 2020    | <ul style="list-style-type: none"><li>• The DCAA will prepare a statewide client needs assessment and client satisfaction report using the client survey data and information collected from May 2019 through January 31, 2020</li><li>• The DCAA will distribute (and/or post on the DCAA website) the statewide client needs assessment and client satisfaction reports</li></ul>                      |

**AGENCY RESPONSIBILITIES:**

- Each agency will decide how they will manage the sampling, distribution, and collection of their client survey
- Each agency will decide how their client surveys will be inputted into SurveyMonkey
- Each agency will be responsible for ensuring a minimum of 250 completed surveys are inputted into SurveyMonkey by January 31, 2020

The following are some suggested methods for distributing and collecting client surveys:

- Send clients, by e-mail or regular mail, a letter\* with the SurveyMonkey link
- Make the SurveyMonkey link available on the agency website and direct clients to the website link
- Have a computer(s) available at agency offices for clients to complete the agency's SurveyMonkey survey online
- Hand out hardcopies of the survey to clients and collect completed surveys by mail or drop-off (agency staff would be responsible for inputting the information into SurveyMonkey)
- Mail hardcopies of the survey to clients and collect completed surveys by mail or drop-off (agency staff would be responsible for inputting the information into SurveyMonkey)

\* a sample letter is available for agencies to use for distributing the client survey

## CSBG ORGANIZATIONAL STANDARDS:

The completed statewide client needs assessment report will have comprehensive community assessment data and information (including both qualitative and quantitative) that your agency can use when developing your agency specific community assessment report (CATEGORY 3: Community Assessment). The completed statewide community needs assessment report will include:

- Data and information collected from low-income individuals (Standard 1.2)
- Data and information specific to poverty (Standard 3.2)
- Qualitative and quantitative data and information specific to your agency's service area (Standard 3.3)
- Data and information on the causes and conditions of poverty specific to your agency's service area (Standard 3.4)

This statewide client needs assessment process is a systematic approach for collecting customer satisfaction data, information, and input. The completed statewide client satisfaction report can be used by your agency to address Standards 1.3 and 6.4.

## SAMPLE LETTER

Dear .....

or

Good afternoon

Iowa's Community Action Network is conducting a study of the needs individuals and families may be experiencing in their lives. Information for the study will be collected by surveying our clients. The results will be considered by [insert your agency name here] for planning, developing, and delivering agency programs and services to the people that reside in our neighborhoods and communities.

The survey takes approximately 10 minutes to complete; there are 50+ multiple choice type questions and a few questions that are open-ended (questions you can type a response). All replies are anonymous and will be treated confidentially.

To complete the survey, please click here >>> [insert your agency SurveyMonkey link here]

If you have trouble accessing the link, you can copy and paste the following link: [insert your agency SurveyMonkey link here]

Thank you for participating. Your feedback is very valuable to us.