



**CDSA, Inc**

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**Community Needs Assessment Survey**

CDSA regularly conducts a survey to determine what the needs are in your community so we will know where to best focus our efforts and funding. Your help in completing this survey is sincerely appreciated.

Please list your City \_\_\_\_\_, County \_\_\_\_\_, and Zip Code \_\_\_\_\_

Check the response that best represents you.

**4. What is your gender?**

- Male  Female  Non-Binary

**5. What is your race?**

- White or Caucasian  Black or African American
- Asian  American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other \_\_\_\_\_

**6. What best describes your household?**

- Two Parent  Single Parent Female
- Single Parent Male  Multifamily household
- Single person  Two adults no children
- Grandparent(s) raising grandchildren

**10. What is the primary language spoken in the home?**

- English  Spanish  Other \_\_\_\_\_

**12. Anyone in your household receive disability benefits?**

- Yes  No

If yes, please mark # of each below:

\_\_\_\_\_ # of Children \_\_\_\_\_ # of Adults

**5. What is your ethnicity?**

- Hispanic  Non-Hispanic

**7. What is your highest level of education completed?**

- Less than 9<sup>th</sup> grade  9<sup>th</sup>-12<sup>th</sup> grade (no diploma)
- High School Diploma/GED  Technical School/Votech
- Some college (no degree)  Associate's degree
- Bachelor's degree  Graduate/Professional

**9. WRITE IN THE NUMBER of persons for each age group in your household.**

- \_\_\_\_\_ 0-2 \_\_\_\_\_ 3-4 \_\_\_\_\_ 5-9 \_\_\_\_\_ 10-14
- \_\_\_\_\_ 15-17 \_\_\_\_\_ 18-19 \_\_\_\_\_ 20-24 \_\_\_\_\_ 25-34
- \_\_\_\_\_ 35-44 \_\_\_\_\_ 45-54 \_\_\_\_\_ 55-59 \_\_\_\_\_ 60-64
- \_\_\_\_\_ 65-74 \_\_\_\_\_ 75-84 \_\_\_\_\_ 85 and older

**11. Is anyone in your household a veteran?**

- Yes  No

**13. What was your total household income last year?**

- Less than \$10,000  \$10,000 - \$14,999
- \$15,000-\$19,999  \$20,000 - \$24,999
- \$25,000 - \$34,999  \$35,000 - \$49,999
- Over \$49,999

**14. Mark the choice that best describes you:**

- Client of Agency  
(Have received services from agency. Example – Tax Preparation)
- Agency Board Member
- Agency Volunteer
- Representative of an educational institution  
(Public or private school, college, technical school)
- Representative of a government entity  
(City, County, State, or Federal)
- Representative of a private organization  
(Business, local civic group)
- Representative of a faith-based organization  
(Church or other religious organization)
- Representative of a community based organization  
(Nonprofit entities providing direct services)
- General Public  
(Have NOT received services from the agency)

**15. What are the MOST important program/services you would like to see continued in your community?**

- Emergency Assistance
- Early Childhood Services
- Affordable Housing Development
- Youth Training & Education
- Prescription Assistance

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**16. How much does each item rate as a need in your community?** *Please check only one rating for each need listed*

<b>NUTRITION</b>	<b>No Need</b>	<b>Some Need</b>	<b>Great Need</b>	<b>Don't Know</b>
Availability/access to food (grocery store)				
Community Gardens				
Nutrition Education/Healthy Eating				
Need food				

<b>EMPLOYMENT</b>	<b>No Need</b>	<b>Some Need</b>	<b>Great Need</b>	<b>Don't Know</b>
Job Training				
Help finding a job				
Higher Paying Jobs or Jobs with Benefits				

<b>HEALTH</b>	<b>No Need</b>	<b>Some Need</b>	<b>Great Need</b>	<b>Don't Know</b>
Health Insurance/Affordable Health Care				
Health Education Services				
Mental Health Services				
Substance Abuse Counseling/Treatment				
RX (prescription assistance)				
Child Immunizations				
Teenage Pregnancy/Family Planning				
Elder Care				
Vision				
Dental Insurance/Affordable Dental				

<b>LINKAGES</b>	<b>No Need</b>	<b>Some Need</b>	<b>Great Need</b>	<b>Don't Know</b>
Prisoner Discharge Services				
Public Transportation				
Vehicle Repair Assistance				
Access to Services (WIC, SNAP, SSI, Sooner Care)				

<b>INCOME MANAGMENT</b>	<b>No Need</b>	<b>Some Need</b>	<b>Great Need</b>	<b>Don't Know</b>
Free Income Tax Preparation Assistance				
Gambling Counseling				
Budget/Credit/Debit Counseling				

<b>EDUCATION</b>	<b>No Need</b>	<b>Some Need</b>	<b>Great Need</b>	<b>Don't Know</b>
Early Childhood Education Programs				
GED Classes				
English as a Second-Language Classes				
Computer Skills Training				
Literacy Classes				
Technical and Vocational Training				
Childcare				

<b>HOUSING</b>	<b>No Need</b>	<b>Some Need</b>	<b>Great Need</b>	<b>Don't Know</b>
Decent affordable houses to RENT				
Decent affordable houses to BUY				
Weatherization (Home Energy Improvement)				
Home Repair				
Home Buyer Education				
Handicap Accessibility Housing				
Senior Citizens Housing				
Rental Assistance				
Utility Assistance				

<b>COMMUNITY</b>	<b>No Need</b>	<b>Some Need</b>	<b>Great Need</b>	<b>Don't Know</b>
Safe Neighborhoods, sidewalks, parks				
Homeless Shelter				
Senior Activities				
Recreational Activities				
Youth Activities				
Crime Prevention				
Additional Health Care Facilities (Doctor's Offices, Clinics, Pharmacies)				
Legal Assistance				
Volunteer Opportunities				

**Please describe any other need that was not listed above:**

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**Thank you for your participation!**