RANA (RESIDENT ASSET AND NEEDS ASSESSMENT) QUESTION BANK

The RANA is an instrument to be used to assess housing residents needs and strengths. Ideally, the RANA will be implemented before we own a property or as soon as we become owners to determine the needs and strength of our future/current residents. The RANA will also provide data needed to justify funding, document needs of Resident Services, and guide your selection of local partners who could respond and provide programing in the areas of greatest needs.

When you decide to use the RANA contact the Community Life (CL) team at [insert e-mail]. CL will help you develop a RANA using the bank of questions provided in this document tailored to your site. The RANA is intended to be conducted in person, using an interview format, where the interviewer will read the questions to the interviewee and will mark the answers in the survey. Additionally, the Community Life team will train your staff on how to administer the survey to get quality answer form your residents. We recommend completing the RANA with at least 60% of the residents. Once you complete the collection of the data, the Community Life team will analyze and prepare a report with the findings for you.

SEPTEMBER 29, 2016

THE COMMUNITY BUILDERS, INC.

Community Life

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Community Characteristics

I'll start by asking you some questions about the neighborhood and the [INSERT NAME OF COMMUNITY] building:

C.1 How many years have you lived in this apartment?

- ☐ Over 5 years
- ☐ 2-5 years
- ☐ 1 year but less than 2
- ☐ 6-11 months
- ☐ Less than 6 months

C.2 How many bedrooms are in your apartment?

Number of Bedrooms ________________

C.3 What do you call your neighborhood? (How do you tell people where you live?)

____

C.4 How do you define the boundaries of that neighborhood? (street names, landmarks)

____

C.5 Overall how would you rate your neighborhood as a place to live—excellent, good, only fair, or poor?

- ☐ Excellent
- ☐ Good
- ☐ Only Fair
- ☐ Poor

C.6 What do you like about this neighborhood?

C.7 What are the most important things that should be improved about this neighborhood?

C.8 Would you move away from this neighborhood if you could?

- ☐ Yes
- ☐ No

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C.9 How many neighbors do you know by name?

- ☐ None
- ☐ 1-2
- ☐ 3-5
- ☐ 6 or more

C.10 How often do you speak with your neighbors in your building?

- ☐ Not at all
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Often, 6 or more times a week

For questions XX – XX, please indicate your level of agreement with the statements.

C.11 I am comfortable with my neighbors in the building.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

C.12 I could count on my neighbors if I had an urgent situation and needed help.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

C. 13 People generally get along here.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree

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☐ Strongly disagree

C.14 People around here are willing to help their neighbors.

☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree
☐ Don't know/not sure

C. 15 Neighbors in the building have strong connections to each other.

☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree
☐ Don't know/not sure

C.16 People in the building share the same values.

☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree
☐ Don't know/not sure

C.17 People in the building can be trusted.

☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree
☐ Don't know/not sure

C.18 Where did you most recently live before moving to your current apartment?

____

____

C.19 What is your primary mode of transportation?

☐ Car

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- ☐ Carpool with others
- ☐ Taxi
- ☐ Public transportation
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Walk
- ☐ Other (please specify)_______________

C.20 Was there ever a time when you didn't have a permanent place to live? By permanent place to live, I mean was there ever a time that you were living in a shelter, hotel, car/vehicle, or with someone else because you didn't have any other place to sleep?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

C.20.A If yes, how long did you not have a permanent place to live?

Length of time __________________

C.20.B Did you move into your current apartment from an emergency shelter?

- ☐ Yes
- ☐ No

C.21 Are there businesses or opportunities in this neighborhood you would like to see open?

- ☐ (1) Health center/clinic
- ☐ (2) Early learning center
- ☐ (3) Afterschool/youth center
- ☐ (4) Grocery store
- ☐ (5) Substance abuse treatment center
- ☐ (6) Senior center
- ☐ (7) Community center/meeting space
- ☐ (8) Recreation/park
- ☐ (9) Community garden
- ☐ (10) Other (please specify)_______________
- ☐ (11) Other (please specify)_______________

C.21.A What businesses or opportunities do you want first? (Choose your top 3 from the list above)

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First Choice	
Second Choice	
Third Choice	

Safety

Please tell me how much you agree or disagree with each statement about safety, from strongly agree to strongly disagree.

S.1 I feel safe inside my apartment.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

S.2 I feel safe inside the [INSERT COMMUNITY NAME] apartment building.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

S. 3 I feel safe in the neighborhood.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

S.4 I feel safe in the neighborhood during the day.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

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S.5 I feel safe in the neighborhood at night.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

S.6 What could be done to improve the safety in your apartment building?

Civic Engagement

CE.1 Are you currently registered to vote?

- ☐ Yes
- ☐ No
- ☐ Not eligible to vote
- ☐ Registered to vote outside of this community
- ☐ Not registered for religious reasons
- ☐ Don't know/not sure

Workforce Development

The next questions are about the work you and other adults in your household do. Please remember that we will keep any information you share completely confidential and will not be shared with anyone else.

W.1 What is your work situation?

- ☐ Working full-time
- ☐ Working part-time
- ☐ Working whenever I can get hours
- ☐ Not working for 6 or more months
- ☐ Not working less than 6 months
- ☐ Retired

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- ☐ Homemaker
- ☐ Disabled
- ☐ Student
- ☐ Other (please specify)_________________________________

W.2 If you are not working, are you looking for a job?

- ☐ Yes
- ☐ No

W.3 If you are looking for a job, do you feel any of the following are holding you back from getting a job? (Select all that apply)

- ☐ Lack of education
- ☐ Lack work experience or gaps in employment
- ☐ Not enough jobs
- ☐ Criminal history/background
- ☐ Lack of afterschool or early morning care for children
- ☐ Lack of summer care for children
- ☐ Lack of transportation
- ☐ Communication skills need improvement
- ☐ Disabilities, illness, or health related issues
- ☐ Daycare for child or older adult
- ☐ Don't know/not sure

W.4 Are you satisfied with the number of hours you are working?

- ☐ Yes
- ☐ No, too few hours
- ☐ No, too many hours
- ☐ Don't know/not sure

W.5 What is your job role? If you work more than one job, please tell me about your main job or the job where you work the most hours

W.6 Please indicate the employable skills you have or would like to gain

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	Check if you **HAVE** these skills	Check if want to **GAIN** these skills
Administrative	☐	☐
Customer service	☐	☐
Maintenance	☐	☐
Cleaning	☐	☐
Food preparation	☐	☐
Construction	☐	☐
Computer skills	☐	☐
Don't know/not sure	☐	☐

W.7 Are there employment classes, trainings, or services you have taken or used to look for employment?

☐ Yes (specify organization name)___________

☐ No

☐ Don't know/not sure

W.8 Are there other adult members in your household? By adult members, I mean household members ages 18 or over

☐ Yes

☐ No

W.8.A If yes, what is their work situation? Please answer for all other adult household members

	Age	Work Situation										Work Situation-Other
	Years	Working Full-Time	Working Part-Time	Working Whenever they can get Hours	Not Working for 6 or More Months	Not Working Less than 6 Months	Looking for Work	Retired	Homemaker	Disabled	Student	Other (please specify)
Adult 1		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Adult 2		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Adult 3		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

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Adult 4		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

W.8.B Total number of adults (ages 18+) in your household __________________

W.9 Of the adults in your household that are not working, how many have been unemployed for 1 or more years?

W.10 Are there any adults in your household that need help getting a criminal record expunged? If yes, please indicate how many.

W.11 Do you have a computer or tablet with internet access in your home?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

W. 12 Would you or anyone in your household be interested in participating in any of these programs?

- ☐ Job searching
- ☐ Job application assistance (resume, cover letter)
- ☐ Interviewing etiquette
- ☐ Adult basic education (pre-GED)
- ☐ GED preparation & certification
- ☐ Vocational training (medical, construction, etc.)
- ☐ Enrollment in 2 or 4 year college/university
- ☐ Computer training
- ☐ ESL
- ☐ Youth employment
- ☐ Other (please specify)__________
- ☐ None
- ☐ Don't know/not sure

W.13 Are you a veteran?

- ☐ Yes

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☐ No

W.13.A If yes, do you participate in any veteran organizations? (Please specify which organizations)

____
____

Youth and Young Adults

The next questions are about the youth and young adults in your household. Please answer the following questions for anyone (including yourself, if applicable) ages 0-25 living in your apartment.

Y.1 Do you have any household members who are ages 0-25, including yourself?

☐ Yes

☐ No

Y.1.A How many household members are ages 0-25, including yourself?

____

Y.2 Do you have any household members living with you who are ages 0-6?

☐ Yes

☐ No

Y.3 For your household members ages 0-6, are they currently enrolled in school or early learning programs like preschool or Head Start?

	Age	Preschool or Head Start Programs							Preschool, Head Start, or Elementary School Name	
	Years	Head Start	Center-Based Daycare	Licensed Home-Based Daycare	Preschool Program	Kindergarten	First Grade	Other-Please Specify	If the Child Attends at Program or School, Where do they go?	Does Not Participate in Any Program
Child 1		☐	☐	☐	☐	☐	☐			☐
Child 2		☐	☐	☐	☐	☐	☐			☐

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Child 3		☐	☐	☐	☐	☐	☐			☐
Child 4		☐	☐	☐	☐	☐	☐			☐
Child 5		☐	☐	☐	☐	☐	☐			☐

Y.4 If children in your household are NOT participating in kindergarten or early learning programs, can you tell us why? Check all that apply

- ☐ Currently on waiting list
- ☐ Programs are inconvenient (distance/time)
- ☐ Programs are unaffordable
- ☐ Programs are ineffective
- ☐ Children are uninterested in available programs
- ☐ Prefer to keep children at home
- ☐ Unaware of programs/requirements for enrollment
- ☐ Other (specify): ______________
- ☐ N/A- No children in household
- ☐ N/A- All children in household are enrolled in early learning programs

In the next section, we'll ask you about the youth and young adults in your household.

Y.5 Is there anyone in your household ages 7-25?

- ☐ Yes
- ☐ No

Y.6 Please answer the questions for all youth and young adults in your household that are ages 7-25

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	Age	Are they currently enrolled in grades K-12?		If yes, what grade?	Are they currently enrolled in an after school program?		If no, would you like them to be enrolled?		If yes, where do they go for after school?	Are they typically enrolled in a summer program?		If no, would you like them to be enrolled?		If yes, what summer program do they attend?	If applicable: Did this young adult finish high school or get their GED?		
	Years	Yes	No	Grade	Yes	No	Yes	No	Program Name	Yes	No	Yes	No	Program Name	Yes, graduated high school	Yes, currently has GED	No, did not graduate and needs GED
Youth/young adult 1 (1)		❍	❍		❍	❍	❍	❍		❍	❍	❍	❍		❍	❍	❍
Youth/young adult 2 (2)		❍	❍		❍	❍	❍	❍		❍	❍	❍	❍		❍	❍	❍
Youth/young adult 3 (3)		❍	❍		❍	❍	❍	❍		❍	❍	❍	❍		❍	❍	❍
Youth/young adult 4 (4)		❍	❍		❍	❍	❍	❍		❍	❍	❍	❍		❍	❍	❍
Youth/young adult 5 (5)		❍	❍		❍	❍	❍	❍		❍	❍	❍	❍		❍	❍	❍
Youth/young adult 6 (6)		❍	❍		❍	❍	❍	❍		❍	❍	❍	❍		❍	❍	❍

Y.7 If children in your household are not participating in any afterschool programs, please specify why not. Check all that apply

- ☐ Currently on waiting list
- ☐ Programs are inconvenient (distance/time)
- ☐ Programs are unaffordable
- ☐ Programs are ineffective
- ☐ Children are uninterested in available programs
- ☐ Prefer to keep children at home
- ☐ Unaware of programs/requirements for enrollment

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- ☐ Other (specify): ______________
- ☐ N/A- No children in household
- ☐ N/A- All children in household are enrolled in activities

Y.8 If children in your household are not participating in any <u>summer programs</u>, please specify why not. Check all that apply

- ☐ Currently on waiting list
- ☐ Programs are inconvenient (distance/time)
- ☐ Programs are unaffordable
- ☐ Programs are ineffective
- ☐ Children are uninterested in available programs
- ☐ Prefer to keep children at home
- ☐ Unaware of programs/requirements for enrollment
- ☐ Other (specify): ______________
- ☐ N/A- No children in household
- ☐ N/A- All children in household are enrolled in activities

Y.9 Are you (yourself) currently taking classes at a two or four year college or university?

- ☐ Yes
- ☐ No

Y.9.A Please indicate how many of your household members are currently taking classes at a two or four year university (not including yourself)

Number of Household Members ________________

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Health & Wellness

H.1 Would you say that in general your health is -- ?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

H.2 Do you have a doctor or nurse practitioner that you think of as your regular healthcare provider? This does not include ER doctors

- ☐ Yes, only one
- ☐ More than one
- ☐ No
- ☐ Don't Know/Not Sure

H.2.A **When you go to see your primary care doctor, do you go to the same medical office each time?**

- ☐ Yes, my primary care doctor only has one location
- ☐ No, my primary care doctor has multiple locations

H.3 If you needed medical care for a non-emergency sickness, where are you MOST LIKELY to go? Select one.

- ☐ Schedule an appointment with your primary care doctor
- ☐ Visit an urgent care office
- ☐ Visit a minute clinic
- ☐ Go to the Emergency room
- ☐ Other (specify): ______________________

H.4 As of today, what type of health insurance do you have? For example do you have Blue Cross Blue Shield, Medicaid, or Medicare? (check all that apply)

- ☐ Public (e.g. Medicaid, Medicare: [INSERT THE NAMES OF LOCAL PUBLIC HEALTH PLANS]
- ☐ Private insurance (e.g. [INSERT THE NAMES OF LOCAL HEALTH INSURANCE COMPANIES]
- ☐ Other (please specify)_________________________
- ☐ Do not have health insurance

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☐ Don’t Know/not sure

H.4.A* Who is your insurance provider? *Please give us the name(s) of your insurance providers

---

H.5 About how long has it been since you last visited the doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

☐ Within the past year (anytime less than 12 months ago)
☐ Within the past 2 years (1 year but less than 2 years ago)
☐ Within the past 5 years (2 years but less than 5 years ago)
☐ 5 or more years ago
☐ Don’t know/Not Sure
☐ Never

H.6 About how long has it been since your children visited the doctor for a routine checkup? A routine checkup is a general physical exam not an exam for a specific injury, illness, or condition.

☐ Within the past year (anytime less than 12 months ago)
☐ Within the past 2 years (1 year but less than 2 years ago)
☐ Within the past 5 years (2 years but less than 5 years ago)
☐ 5 or more years ago
☐ Don’t know/Not Sure
☐ Never
☐ n/a no children in household

H.7 Please indicate the number of household members in the column to the right who have the following.

Physical disabilities	
Behavioral disabilities	
Mental disabilities	
Substance abuse	

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H.8 Has a doctor, nurse or other health professional EVER told you that you had any of the following? For each, tell me “yes”, “no”, or you’re “not sure”.

	Yes	No	Not Sure
ADD/ADHD	☐	☐	☐
Allergies	☐	☐	☐
Alzheimer’s or Dementia	☐	☐	☐
Ambulatory (walking) disabilities	☐	☐	☐
Arthritis	☐	☐	☐
Asthma	☐	☐	☐
High blood pressure/hypertension	☐	☐	☐
Cancer	☐	☐	☐
High cholesterol	☐	☐	☐
Depression	☐	☐	☐
Diabetes	☐	☐	☐
Fatigue/Low energy	☐	☐	☐
Heart disease	☐	☐	☐
Lead poisoning	☐	☐	☐
Lung disease	☐	☐	☐
Overweight/obesity (if 25+ lbs. over normal weight)	☐	☐	☐
Other (specify): ________________	☐	☐	☐

H.9 Has a doctor, nurse, or other health professional EVER told you that your child or children had any of the following? For each, tell me the number of children in your household.

	Yes	No	Not Sure
ADD/ADHD	☐	☐	☐
Allergies	☐	☐	☐
Ambulatory (walking) disabilities	☐	☐	☐
Asthma	☐	☐	☐

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	Yes	No	Not Sure
Cancer	☐	☐	☐
High cholesterol	☐	☐	☐
Depression	☐	☐	☐
Diabetes	☐	☐	☐
Fatigue/Low energy	☐	☐	☐
Heart disease	☐	☐	☐
Lead poisoning	☐	☐	☐
Lung disease	☐	☐	☐
Overweight/obesity (if 25+ lbs. over normal weight)	☐	☐	☐
Other (specify): _______________	☐	☐	☐

H.10 If you marked any health conditions above, do you see any health providers?

☐ Yes

☐ No

H.10.A What clinic, center or agency?

1.____

2.____

3.____

H.10.B For what condition(s)?

1.____

2.____

3.____

H.10.C Do you feel your health provider(s) meets your needs?

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor

H.10.D If no, how are you managing your symptoms?

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1.____
2.____
3.____

H. 1Are you seeing any case managers for your health?

☐ Yes

☐ No

H.11. A If yes, what agency? ____________________________

H. 12 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Number of Days _______________

H.13 During the past 30 days, for about how many days did poor physical health keep you from doing your usual activities such as self-care, work or recreation?

Number of Days _______________

H.14 If you indicated any health conditions, how often do they make you feel ill/give you discomfort in a way you do not want to feel?

☐ Once a month

☐ Every other week

☐ Once a week

☐ 2-3 days a week

☐ 4-6 days a week

☐ Every day

H.15 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
Number of Days __________

H.16 On average, how many hours of sleep do you get in a 24-hour period?
Number of Hours __________

H.17 During the last year have you been a patient in the hospital overnight?

☐ Yes

☐ No

H.17.A If yes for what? ________________________________

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H.17.B How many times? ___________

H.17.C What supports did you need to come home after you stayed in the hospital?

____

H.17.D Who provided those supports?

____

H.18 Please indicate in the column to the right if you have been:

A victim of domestic violence	
A victim of elder abuse	
Ever been in foster care	

H.19 Would you be interested in any of these wellness classes or services if they were onsite?

- ☐ Nutrition
- ☐ Cooking Classes
- ☐ Yoga
- ☐ Zumba
- ☐ Arts & Crafts
- ☐ Life Management Skills (i.e. cleaning)
- ☐ Health Screenings
- ☐ Diabetes Management/Prevention
- ☐ Chronic Pain Management
- ☐ Meditation
- ☐ Other (specify): _________________

H.20 In the last 12 months, how many times did you go to the emergency room?

Number of ER visits ____

Depression Screening-Healthy Days

H.21 During the past 30 days, for about how many days have you felt sad, blue, or depressed?

Number of Days ____

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H.22 During the past 30 days, for about how many days have you felt worried, tense, or anxious?

Number of Days ____

H.23 During the past 30 days, for about how many days have you felt very healthy an full of energy?

Number of Days ____

Financial Education & Asset

I'd like to ask you some questions about your financial situation.

F.1 Do you receive any of the following as a source of income? (select all that apply)
Please remember all information will be kept confidential and will not be shared

- ☐ General assistance for individuals without children
- ☐ TANF for families with children
- ☐ Food stamps (SNAP benefits)
- ☐ WIC (Women, Infants, and Children)
- ☐ Childcare subsidy
- ☐ Unemployment benefits
- ☐ Supplemental security income
- ☐ Social security disability income
- ☐ Social security retirement/survivor benefits
- ☐ Veteran's benefits
- ☐ Worker's compensation benefits
- ☐ Child support/alimony
- ☐ Pension payments
- ☐ Gifts or money from others
- ☐ Other (please specify)____________________
- ☐ None of the above

F.2 How would you describe the money situation in your household right now?

- ☐ Comfortable, with some "extras"
- ☐ Enough but no "extras"

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- ☐ Have to cut back
- ☐ Cannot make ends meet

F.3 Now I'm going to ask you about your monthly income from all sources. Please think about all income from things like jobs, child support, and government benefits from everyone that lives in your household.
How much money do you receive in a month?

- ☐ Between $0 and $499
- ☐ Between $500 and $999
- ☐ Between $1,000 and $1,499
- ☐ Between $1,500 and $1,999
- ☐ Between $2,000 and $2,499
- ☐ $2,500 and up
- ☐ Prefer not to disclose
- ☐ Don't know/not sure

F.4 Do you have any of the following types of accounts? (select all that apply)

- ☐ Checking account
- ☐ Savings account
- ☐ Emergency fund (example: rainy day fund)
- ☐ Family Self-Sufficiency account
- ☐ Individual development account (IDA)
- ☐ Retirement account (IRA/401K)
- ☐ College savings plan
- ☐ None
- ☐ Don't know/not sure

F.5 Do you have any of the following types of debts? (select all that apply)

- ☐ Unpaid housing bills (rent, utilities)
- ☐ Unpaid medical bills
- ☐ Unpaid legal bills
- ☐ Unpaid taxes
- ☐ Other unpaid bills (telephone, etc.)
- ☐ Store or credit cards
- ☐ Student/education loans

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- ☐ Car loan
- ☐ Other personal loan from a bank
- ☐ Loan from friend/family
- ☐ Other (please specify)_____________
- ☐ None
- ☐ Don't know/not sure

F.6 Do you have a plan that guides how you spend your money, such as a budget?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

F.7 Are you satisfied with how your money is currently managed?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

F.7.A If no, why not? _____________________

Relocation

R.1 **Do you require a unit with special features to accommodate the disability of any household member?** ***(ex: assistance rails [grab bars] in the bathroom, or special equipment for vision and/or hearing impairments)***

- ☐ Ambulatory disability
- ☐ Deaf/hard of hearing
- ☐ Blind/visually impaired
- ☐ Live-In Aid
- ☐ Other (specify): ________________________________

R.2 **Do you have any previous obligations we should be aware of that might prevent you from moving when scheduled?** ***(ex: travel plans, medical procedures or conditions)***

- ☐ No
- ☐ Yes (please indicate reason timeframe)

  ____

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R.3 Do you have other specific needs which may impact you during relocation?

- ☐ Transportation
- ☐ Accessibility
- ☐ Income
- ☐ Access to services
- ☐ No furniture
- ☐ Bed Bugs
- ☐ Family Composition
- ☐ Other (specify): _______________
- ☐ Other (specify): _______________
- ☐ None

Demographics

Now to end the survey, I’d like to ask some questions about you.

D.1 Gender

____

D.2 What is the highest level of schooling you have completed?

- ☐ Grade school
- ☐ Some high school but did not graduate (9th-11th grade)
- ☐ Completed high school, (12th grade) or got a GED
- ☐ Vocational or trade school after high school
- ☐ Some college or university
- ☐ Bachelor degree from college or university
- ☐ Post graduate degree from college or university (for example master’s degree or doctorate)

D. 3 Do you think of yourself as Hispanic or Latino?

- ☐ Yes
- ☐ No

D. 4 What is your racial background? Please tell me all the backgrounds that apply to you

- ☐ Native American or Alaska Native

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☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ Black or African American
☐ White
☐ Other (please specify)________________________

D.5 What language do you usually speak at home?

☐ English
☐ Spanish
☐ Portuguese
☐ Vietnamese
☐ Russian
☐ Haitian Creole or French Creole
☐ Mandarin/Cantonese
☐ Arabic
☐ Other (please specify_________________________

D.6 What is the best way to contact you for programs or community events?

☐ Email
☐ Flyers
☐ Mail *Address:*_______________________________
☐ In person
☐ Newsletters
☐ Phone calls *Phone number:* _________________________
☐ Text message *Phone number:* _________________________

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