

# United Way of Monmouth County Community Leaders Survey

## Introduction

The Community Leaders Survey is part of United Way of Monmouth County's current efforts to identify the most pressing needs in our community and develop specific, measurable goals to address them. We greatly appreciate your participation in this survey.

# United Way of Monmouth County Community Leaders Survey

## Education

### Helping children and youth achieve their potential

For the following questions please indicate how serious you feel each need for services is in Monmouth County, keeping in mind both the need itself and the degree to which that need is being met.

#### Early Childhood Education

	Not at all serious	Not very serious	Somewhat serious	Very serious	Don't Know
Affordable child care	jn	jn	jn	jn	jn
Affordable preschool	jn	jn	jn	jn	jn
Quality child care	jn	jn	jn	jn	jn
Quality preschool	jn	jn	jn	jn	jn
Other (please specify)	<input type="text"/>				

#### Academic Achievement

	Not at all serious	Not very serious	Somewhat serious	Very serious	Don't know
Elementary school academic performance	jn	jn	jn	jn	jn
Graduation from high school	jn	jn	jn	jn	jn
High school academic performance	jn	jn	jn	jn	jn
Middle school academic performance	jn	jn	jn	jn	jn
School drop out	jn	jn	jn	jn	jn
Transition from school to employment	jn	jn	jn	jn	jn
Truancy	jn	jn	jn	jn	jn
Other (please specify)	<input type="text"/>				

# United Way of Monmouth County Community Leaders Survey

## Student Environment

	Not at all serious	Not very serious	Somewhat serious	Very serious	Don't know
After school programs	jñ	jñ	jñ	jñ	jñ
Bullying	jñ	jñ	jñ	jñ	jñ
Delinquency prevention or diversion	jñ	jñ	jñ	jñ	jñ
Gang prevention	jñ	jñ	jñ	jñ	jñ
Parent involvement	jñ	jñ	jñ	jñ	jñ
Recreation/cultural services for youth	jñ	jñ	jñ	jñ	jñ
Self-esteem	jñ	jñ	jñ	jñ	jñ
Substance/alcohol abuse in school	jñ	jñ	jñ	jñ	jñ
Summer programs/camps	jñ	jñ	jñ	jñ	jñ
Teen pregnancy	jñ	jñ	jñ	jñ	jñ
Violence in school	jñ	jñ	jñ	jñ	jñ

Other (please specify)

# United Way of Monmouth County Community Leaders Survey

## Income

### Promoting financial stability and independence

For the following questions please indicate how serious you feel each need for services is in Monmouth County, keeping in mind both the need itself and the degree to which that need is being met.

#### Basic Needs

	Not at all serious	Not very serious	Somewhat serious	Very serious	Don't know
Clothing	jn	jn	jn	jn	jn
Congregate/group meals	jn	jn	jn	jn	jn
Emergency food	jn	jn	jn	jn	jn
Furniture	jn	jn	jn	jn	jn
Home-delivered meals	jn	jn	jn	jn	jn
Legal services	jn	jn	jn	jn	jn
Utility-bill assistance	jn	jn	jn	jn	jn

Other (please specify)

#### Income/Employment

	Not at all serious	Not very serious	Somewhat serious	Very serious	Don't know
Budget or credit counseling	jn	jn	jn	jn	jn
Consumer/asset protection	jn	jn	jn	jn	jn
Employment counseling or placement	jn	jn	jn	jn	jn
Employment training	jn	jn	jn	jn	jn
English language training	jn	jn	jn	jn	jn
Financial assistance	jn	jn	jn	jn	jn
Literacy training/education programs	jn	jn	jn	jn	jn
Tax preparation assistance	jn	jn	jn	jn	jn
Vocational rehabilitation	jn	jn	jn	jn	jn

Other (please specify)

# United Way of Monmouth County Community Leaders Survey

## Housing

	Not at all serious	Not very serious	Somewhat serious	Very serious	Don't know
Affordable housing	jn	jn	jn	jn	jn
Housing for people who are mentally ill	jn	jn	jn	jn	jn
Housing for people with disabilities	jn	jn	jn	jn	jn
Housing for seniors	jn	jn	jn	jn	jn
Housing rehabilitation or repair	jn	jn	jn	jn	jn
Rent/mortgage assistance	jn	jn	jn	jn	jn
Short-term/emergency shelter	jn	jn	jn	jn	jn
Supportive housing	jn	jn	jn	jn	jn
Transitional housing	jn	jn	jn	jn	jn

Other (please specify)

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## Health

### Improving People's Health

For the following questions please indicate how serious you feel each need for services is in Monmouth County, keeping in mind both the need itself and the degree to which that need is being met.

#### Abuse/Neglect

	Not at all serious	Not very serious	Somewhat serious	Very serious	Don't know
Child abuse/neglect	jn	jn	jn	jn	jn
Family & relationship violence	jn	jn	jn	jn	jn
Services for victims of rape/sexual abuse	jn	jn	jn	jn	jn
Elder abuse/neglect	jn	jn	jn	jn	jn

Other (please specify)

#### Maternal and Infant Health

	Not at all serious	Not very serious	Somewhat serious	Very serious	Don't know
Infant health	jn	jn	jn	jn	jn
Parent education/support	jn	jn	jn	jn	jn
Prenatal care/maternal health	jn	jn	jn	jn	jn
Postpartum depression	jn	jn	jn	jn	jn
Family planning services	jn	jn	jn	jn	jn

Other (please specify)

#### Mental Health

	Not at all serious	Not very serious	Somewhat serious	Very serious	Don't know
Emergency/crisis services	jn	jn	jn	jn	jn
Mental health counseling	jn	jn	jn	jn	jn
Mental health treatment	jn	jn	jn	jn	jn
Respite care	jn	jn	jn	jn	jn

Other (please specify)

# United Way of Monmouth County Community Leaders Survey

## People with Disabilities

	Not at all serious	Not very serious	Somewhat serious	Very serious	Don't know
Adult day programming	jn	jn	jn	jn	jn
Employment	jn	jn	jn	jn	jn
Home health care	jn	jn	jn	jn	jn
Mental health	jn	jn	jn	jn	jn
Physical health	jn	jn	jn	jn	jn
Respite care	jn	jn	jn	jn	jn
Social/recreational	jn	jn	jn	jn	jn
Transportation	jn	jn	jn	jn	jn

Other (please specify)

## People with Mental Illness

	Not at all serious	Not very serious	Somewhat serious	Very serious	Don't know
Adult day programming	jn	jn	jn	jn	jn
Employment	jn	jn	jn	jn	jn
Home health care	jn	jn	jn	jn	jn
Mental health	jn	jn	jn	jn	jn
Physical health	jn	jn	jn	jn	jn
Respite care	jn	jn	jn	jn	jn
Social/recreational	jn	jn	jn	jn	jn
Transportation	jn	jn	jn	jn	jn

Other (please specify)

# United Way of Monmouth County Community Leaders Survey

## Physical Health

	Not at all serious	Not very serious	Somewhat serious	Very serious	Don't know
Cancer	100	100	100	100	100
Dental care	100	100	100	100	100
Emergency medical care	100	100	100	100	100
Health care coverage/insurance	100	100	100	100	100
Heart disease	100	100	100	100	100
HIV/AIDS	100	100	100	100	100
Home health care	100	100	100	100	100
Nutrition counseling	100	100	100	100	100
Obesity-adult	100	100	100	100	100
Obesity-child	100	100	100	100	100
Prescription assistance	100	100	100	100	100
Preventative health care	100	100	100	100	100
Regular/timely medical care	100	100	100	100	100
Alzheimer's Disease	100	100	100	100	100

Other (please specify)

## Seniors

	Not at all serious	Not very serious	Somewhat serious	Very serious	Don't know
Adult day programming	100	100	100	100	100
Home health care	100	100	100	100	100
Mental health	100	100	100	100	100
Physical health	100	100	100	100	100
Respite care	100	100	100	100	100
Social/recreational	100	100	100	100	100
Transportation	100	100	100	100	100

Other (please specify)

## Substance Abuse

	Not at all serious	Not very serious	Somewhat serious	Very serious	Don't know
Alcohol abuse-adult	100	100	100	100	100
Alcohol abuse-youth	100	100	100	100	100
Substance abuse-adult	100	100	100	100	100
Substance abuse-youth	100	100	100	100	100
Tobacco use-adult	100	100	100	100	100
Tobacco use-youth	100	100	100	100	100

Other (please specify)

# United Way of Monmouth County Community Leaders Survey

## Barriers to Services

For each of the following barriers that might prevent people from using existing services, please indicate your view of how serious this barrier is for people in Monmouth County.

	Not at all serious	Not very serious	Somewhat serious	Very serious	Don't know
Cost/affordability	jn	jn	jn	jn	jn
Eligibility restrictions	jn	jn	jn	jn	jn
Inconvenient hours of operation	jn	jn	jn	jn	jn
Inconvenient locations	jn	jn	jn	jn	jn
Information/knowledge of services	jn	jn	jn	jn	jn
Lack of access for people with disabilities	jn	jn	jn	jn	jn
Lack of child care	jn	jn	jn	jn	jn
Language	jn	jn	jn	jn	jn
Stigma	jn	jn	jn	jn	jn
Transportation	jn	jn	jn	jn	jn
Wait for services	jn	jn	jn	jn	jn
Telephone access	jn	jn	jn	jn	jn
Computer access	jn	jn	jn	jn	jn
Lack of funding	jn	jn	jn	jn	jn

Other (please specify)

# United Way of Monmouth County Community Leaders Survey

## Additional information

Please use the following space to share any additional information regarding unmet needs in Monmouth County.

# United Way of Monmouth County Community Leaders Survey

## Respondent Information

\* The following information will be kept confidential. All survey results will be aggregated.

Name:

Organization:

Department:

Address:

City/Town:

State:

ZIP/Postal Code:

Email Address:

\* Please select the box that best describes your organization

- |   |   |
|---|---|
| <input type="radio"/> Nonprofit agency          | <input type="radio"/> Corporation               |
| <input type="radio"/> Government agency         | <input type="radio"/> Not applicable/individual |
| <input type="radio"/> Private/for profit agency |   |

Please check the box that best describes your position with the organization

- |                                      |  |
|--------------------------------------|--|
| <input type="radio"/> Volunteer      | <input type="radio"/> President/CEO    |
| <input type="radio"/> Staff/employee | <input type="radio"/> Community member |
| <input type="radio"/> Board member   |  |

Other (please specify)