Moore Community House is gathering information regarding services that are needed and problems affecting people in the community. Because we value your opinion, the information you provide will be used to improve these conditions in the community

**Completely fill out this questionnaire. All information furnished is confidential.**

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| **Tell Us About You?** | | | | | | | | | | | | | | | | | | | | | | |
| 1. What is your zip code: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| 1. What is your marital status? | ❑ Single ❑ Married | | | | | | | | | | | | | | | | | | | | | |
| 1. What is your gender? | ❑ Male ❑Female | | | | | | | | | | | | | | | | | | | | | |
| 1. What is your age range? | ❑ 18-20 ❑ 21-29 ❑30-39 ❑40-49 ❑50+ | | | | | | | | | | | | | | | | | | | | | |
| 1. What is your ethnicity? | 🔿White/Caucasian🔿 Black/African American 🔿Asian 🔿Hispanic  🔿American Indian 🔿Bi-racial 🔿 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| 1. What language do you speak at home? | | | 🔿English 🔿Spanish 🔿Other:\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| 1. What is your citizenship? | 🔿US Citizen 🔿Mexico 🔿Vietnam🔿Guatemala🔿Honduras🔿Other | | | | | | | | | | | | | | | | | | | | | |
| **Family and Household Information** | | | | | | | | | | | | | | | | | | | | | | |
| 1. Which of the following best describes your family? | | | | | | | | | | | | | | | 🔿 Two Parent Family 🔿 One Parent Family | | | | | | | |
| 1. How old are the children in the home and how many? | | | | | | | | | | | | | | | 🔿 0-3 \_\_\_\_\_\_🔿4-5 \_\_\_\_\_\_  🔿6-7\_\_\_\_\_ 🔿8-9\_\_\_\_\_\_  🔿10-18\_\_\_\_\_ | | | | | | | |
| 1. What is the caregiver relationship to children? | | | | | 🔿 Biological Parent 🔿 Step/Adoptive Parent 🔿Foster Children 🔿Legal Guardian 🔿Grandparents 🔿No Children | | | | | | | | | | | | | | | | | |
| 1. Is the Father involved in the child life? | | | | | | | | | 🔿Yes 🔿No | | | | | | | | | | | | | |
| 1. Are you currently caring for a child whose parent is incarcerated? | | | | | | | | | | | | | | | | | | 🔿Yes 🔿No | | | | |
| **Education** | | | | | | | | | | | | | | | | | | | | | | |
| 1. What is your highest level of education? | | | | | | | 🔿Did not attend school 🔿Elementary School (K-5)  🔿Middle School (6-8) 🔿High School (9-12)  🔿High School Diploma/GED  🔿Have Either Vocational, Some College, AA Degree, Bachelor Degree or Graduate Degree | | | | | | | | | | | | | | | |
| 1. Are you currently in school? | | | | 🔿Full or part-time at a four-year undergraduate college/university  🔿Full or part-time at a two-year undergraduate college/university  🔿Part-time or full-time Graduate School  🔿 Not enrolled in school | | | | | | | | | | | | | | | | | | |
| 1. Does the lack of childcare hinder you from job training or education? | | | | | | | | | | | | | | | | | | | 🔿Yes 🔿No | | | |
| 1. Does your child participate in the MCH-EHS programs or other childcare programs? | | | | | | | | | | | | | | | | | | | | | | 🔿Yes🔿No |
| 1. Do you think that families in our community have access to an adequate supply of child care services? | | | | | | | | | | | | | | | | | | | | | | 🔿Yes🔿No |
| **Employment** | | | | | | | | | | | | | | | | | | | | | | |
| 1. Are your currently employed? | | 🔿Employed Full Time/Part Time 🔿Not Employed 🔿Retired or Disabled | | | | | | | | | | | | | | | | | | | | |
| 1. What is your annual household income? | | | | | | | 🔿$10,000-$24,999 🔿$25,000 to $34,999  🔿$35,000 to $49,999 🔿$50,000 and up | | | | | | | | | | | | | | | |
| 1. What type of industry are you currently employed in? | | | | | | 🔿 not employed 🔿Casino🔿restaurants🔿medical and dental facilities 🔿retail establishments 🔿self-employed 🔿childcare and education 🔿service industry🔿hotels🔿banks and financial institution🔿construction 🔿law enforcement and military | | | | | | | | | | | | | | | | |
| 1. If you are not employed, what keeps you from working? | | | | | | 🔿lack of child care 🔿no transportation 🔿skills don’t fit jobs  🔿fears of losing public assistance 🔿health issues  🔿 discrimination🔿retired🔿in school 🔿N/A | | | | | | | | | | | | | | | | |
| 1. Do you currently get any kind of public assistance? | | | | | | 🔿Yes, (Check all that apply) 🔿 Medicaid 🔿TANF  🔿 Social Security 🔿 Food Stamps🔿WIC 🔿 Public Housing 🔿Unemployment Benefits  🔿No public assistance | | | | | | | | | | | | | | | | |
| **Financial Literacy** | | | | | | | | | | | | | | | | | | | | | | |
| 1. Which of the following best describes you how you manage your money? | | | | | | | | | | | | | | | | 🔿 Do not budget  🔿 Somewhat on a budget  🔿 Keep a Budget | | | | | | |
| 1. How confident are you in making financial decisions? | | | | | | | | | | 🔿 Not Confident 🔿 Somewhat 🔿 Confident | | | | | | | | | | | | |
| 1. What kind of banking do you currently have?(Check all that apply) | | | | | | | | | | | | | | | 🔿Checking 🔿Savings  🔿Both Checking and Saving 🔿Neither | | | | | | | |
| 1. Have you used a check cashing place to cash your checks? | | | | | | | | | | | | | | | 🔿Yes 🔿No | | | | | | | |
| 1. Have you ever used a payday loan | | | | | | | | | | | | | | | 🔿Yes 🔿No | | | | | | | |
| 1. Do you have any credit cards? | | | | | | | | | | | | | | | 🔿Yes 🔿No | | | | | | | |
| 1. Have you lost use of a credit card? | | | | | | | | | | | | | | | 🔿Yes 🔿No | | | | | | | |
| **Housing and Transportation** | | | | | | | | | | | | | | | | | | | | | | |
| 1. Which of the following best describes your current living situation? | | | | | | | | | | | | | | | 🔿Own a Home 🔿Rent a Home or Apartment  🔿Section 8 Housing  🔿Homeless  🔿Live with people on consistent basis or moves frequently between homes. | | | | | | | |
| 1. How many times have you moved in the past year? | | | | | | | | | | 🔿None 🔿 Once 🔿Twice 🔿3 or More | | | | | | | | | | | | |
| 1. Have you lost your home or have you had your utilities turn off | | | | | | | | 🔿Yes, I have lost my home and/or utilities turned off  🔿No, I have not lost my home and/or utilities turned off. | | | | | | | | | | | | | | |
| 1. What means of transportation do you currently use for travel? | | | | | | | | | | | 🔿Car pool🔿Public Transportation🔿Walked  🔿Working from Home 🔿Own Transportation | | | | | | | | | | | |
| 1. Do you have problems finding adequate transportation? | | | | | | | | | | | | | | | 🔿Yes 🔿No | | | | | | | |
| **Health** | | | | | | | | | | | | | | | | | | | | | | |
| 1. Do you (adult) currently have health insurance? | | | | | | | | | | | | | 🔿 Yes 🔿No | | | | | | | | | |
| 1. Does your child/children have healthcare coverage? | | | | | | | | | | | | | 🔿 Yes 🔿No | | | | | | | | | |
| 1. What type of healthcare do you currently have? | | | | | | | | | | | | 🔿Chips 🔿Medicaid 🔿Private 🔿Other | | | | | | | | | | |
| 1. Do you (adult) currently have a consistent healthcare provider? | | | | | | | | | | | | | | 🔿 Yes 🔿No | | | | | | | | |
| 1. Does your child/children have a consistent healthcare provider? | | | | | | | | | | | | | 🔿 Yes 🔿No | | | | | | | | | |
| 1. Has your child or children been diagnosed with a disability? | | | | | | | | | | | | | 🔿 Yes 🔿No | | | | | | | | | |
| 1. Has your child received immunizations? | | | | | | | | | | | | | 🔿 Yes 🔿No | | | | | | | | | |
| 1. Do you currently have dental insurance and is your child covered? | | | | | | | | | | | | | | | 🔿Yes, both are covered  🔿No, child is covered  🔿No neither are covered | | | | | | | |
| 1. When was the last time you went to the dentist? | | | | | | | | | | | | | | | 🔿1-2 years🔿 3-4 years 🔿5+ years | | | | | | | |
| 1. Do you have any family members diagnosed with nutrition related diseases? Such as diabetes, high blood pressure, high cholesterol | | | | | | | | | | | | | | | | | | | | 🔿Yes,\_\_\_\_\_\_\_\_\_  🔿No | | |
| 1. Do you have any family members that are addicted to prescription drugs or other illegal substance? | | | | | | | | | | | | | | | | | | | | | 🔿 Yes 🔿No | |
| 1. Do you have any family members that have received treatment for prescription drugs or other illegal substance? | | | | | | | | | | | | | | | | | | | | | 🔿 Yes 🔿No | |
| 1. Do you smoke cigarettes or smokeless tobacco? | | | | | | | | | | | | | | | 🔿 Yes 🔿No | | | | | | | |
| 1. How old was you when you first started smoking cigarettes or smokeless tobacco? | | | | | | | | | | | | | | | | | 🔿14 & younger 🔿15-17  🔿 18-20 🔿 21-29 🔿30-39 🔿40-49 🔿50+  🔿NA | | | | | |
| 1. Do you agree or disagree that people should be protected from secondhand smoke? | | | | | | | | | | | | | | | | | | | ❑ Agree ❑Disagree | | | |
| 1. Do you agree or disagree that children are more likely to become smokers if they are used to seeing adults around them smoke? | | | | | | | | | | | | | | | | | | | ❑ Agree ❑Disagree | | | |
| 1. Do you agree or disagree that secondhand smoke is harmful to adults and children? | | | | | | | | | | | | | | | | | | | ❑ Agree ❑Disagree | | | |
| **Pregnant Only** | | | | | | | | | | | | | | | | | | |  | | | |
| 1. Are you currently pregnant? | | | | | | | | | | | | | | | 🔿Yes 🔿No 🔿N/A | | | | | | | |
| 1. If yes, are you currently receiving prenatal care? | | | | | | | | | | | | | | | 🔿Yes 🔿No 🔿N/A | | | | | | | |
| 1. If yes, are you considered a high risk pregnancy? | | | | | | | | | | | | | | | 🔿Yes 🔿No 🔿N/A | | | | | | | |
| 1. If yes, are you under 19 years old? | | | | | | | | | | | | | | | 🔿Yes 🔿No 🔿N/A | | | | | | | |
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| **Nutrition** | | | | |
| 1. Where do you usually buy your groceries? | 🔿 Convenience Store/Gas Station  🔿 Discount Store (Family Dollar, Dollar General, etc.)  🔿 Grocery Store (Piggly Wiggly, Food Giant, WalMart, etc.)  🔿 Farmers market, Roadside Stand or other local food producer  🔿 Eat at restaurants most often/go to drive-­through | | | |
| 1. How far from your home is a grocery store (Piggly Wiggly, Food Giant, Wal-Mart, etc.)? | | | 🔿 1-5 miles  🔿 5-10 Miles  🔿 Over 10 Miles | |
| 1. Do you have a hard time stretching your food budget to the end of the month? | | | 🔿 Yes 🔿No | |
| 1. Do you feel that you eat enough fruits and vegetables, eggs, milk and whole grains? | | | | 🔿 Yes 🔿No |
| 1. Do you/your children receive the following? | | | | |
| 1. WIC | 🔿 Yes 🔿No 🔿N/A | | | |
| 1. SNAP | 🔿 Yes 🔿No 🔿N/A | | | |
| 1. Free/Reduced Lunch | 🔿 Yes 🔿No 🔿N/A | | | |
| 1. Use of Food Distribution Programs | 🔿 Yes 🔿No 🔿N/A | | | |
| **Community Resources** | | | | |
| 1. What additional resources would you like to see in the community | | | | |
| 1. Assistance with marital and personal relationship | | 🔿Needed 🔿Not needed | | |
| 1. Child care | | 🔿Needed 🔿Not needed | | |
| 1. Assistance with Language Barriers | | 🔿Needed 🔿Not needed | | |
| 1. Mental Health Services | | 🔿Needed 🔿Not needed | | |
| 1. Child Abuse/Domestic Services | | 🔿Needed 🔿Not needed | | |
| 1. Safety in School/Work | | 🔿Needed 🔿Not needed | | |
| 1. Disability Services | | 🔿Needed 🔿Not needed | | |
| 1. Education support/tutoring services | | 🔿Needed 🔿Not needed | | |
| 1. Do you use or have you used services from the following organizations? | | | | |
| 1. El Pleublo | | 🔿Yes 🔿No | | |
| 1. Harrison County Public Library | | 🔿Yes 🔿No | | |
| 1. Mississippi Center for Justice | | 🔿Yes 🔿No | | |
| 1. Bethel and Bethsheba Free Health Clinics | | 🔿Yes 🔿No | | |
| 1. Women’s Center for Non Violence | | 🔿Yes 🔿No | | |
| 1. Harrison/Jackson County Civic Action LIHEAP( utility assistance) | | 🔿Yes 🔿No | | |
| 1. Coastal Family Health | | 🔿Yes 🔿No | | |
| 1. Women in Construction | | 🔿Yes 🔿No | | |
| 1. Catholic Diocese Food Bank/Utility Assistance | | 🔿Yes 🔿No | | |
| 1. Back Bay Mission | | 🔿Yes 🔿No | | |
| 1. Biloxi Housing Authority | | 🔿Yes 🔿No | | |
| 1. Boat People SOS | | 🔿Yes 🔿No | | |