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| **YVEDDI Community Service Block Grant - Community Partners Assessment Questionnaire** |
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| **1. What are the barriers to the low-income population in your county:** |
| [ ]  Transportation[ ]  Childcare[ ]  Lack of Jobs | [ ]  Education[ ]  Housing |
| Comments:      |
| 1. **Which of the following makes it more difficult for your clients/families in your community to obtain employment/better employment:**
 |
| [ ]  Job availability[ ]  No High School Diploma or GED[ ]  No affordable childcare | [ ]  Lack of training/lack of skills[ ]  Lack of transportation [ ]  COVID |
| Comments:      |
| 1. **Do most of your clients/people in your community:**
 |
| [ ]  Own[ ]  Rent[ ]  Shelter | [ ]  Live with relatives/friends[ ]  Homeless[ ]  Other/Unsure |
| Comments:      |
| 1. **Are most of your clients/families in your community:**
 |
| [ ]  Employed full-time[ ]  Employed part-time[ ]  Unemployed – looking[ ]  Working from home | [ ]  Unemployed – not looking [ ]  Unemployed – disabled[ ]  Underemployed |
| Comments:      |
| 1. **What are the major causes of poverty in your community:**
 |
| [ ]  Lack of jobs[ ]  Lack of transportation[ ]  Lack of education/training | [ ]  Money management skills[ ]  Lack of affordable childcare  |
| Comments:      |
| 1. **Do most of your clients/families in your community receive SNAP?** **[ ]  Yes** **[ ]  No**
 |
| Comments:      |
| 1. **Based on what you know about the YVEDDI CSBG Program, please identify what we are doing well**:
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| [ ]  Range of services[ ]  Community Involvement[ ]  Assisting individuals/families to rise above poverty[ ]  Strong partnerships with community resources |
| Comments:      |
| 1. **Please list any needs in your community that are not addressed above**.
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| 1. **Identify gaps in the YVEDDI CSBG Program services in your community**?
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