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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**: | |
| 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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