

Couleecap is a local agency that helps people achieve self-sufficiency in the Coulee Region and serves more than 31,000 people per year. **Couleecap** is surveying residents in four counties (Crawford, La Crosse, Monroe, and Vernon). The information that you provide will be important for planning programs that meet the needs of families in this area. **Your answers are completely anonymous.** DO NOT put your name or any other identifying marks on this survey. When you have finished, place this survey in the box/envelope provided. **Thank you so much!**

1. Please tell us about yourself and your household.

- a. Your Gender: Female Male Other
- b. Your Age: 18-24 25-34 35-44 45-54 55-64 65 or older
- c. Total number of people that live in your household.
- Adults (18 or over): 1 2 - 4 5 or more
- Children (under 18): 1 2 - 4 5 or more
- d. How many people in your household are limited in any way because of physical, mental, or emotional problems? None 1 2 3 4 5 or more

2. How would you describe your household? (Check ALL that apply.)

- Single Parent with child/children Married with child/children Widow/Widower
- Single, living alone Married, no children at home
- Single, living w/ significant other Other: _____

3. Race/Ethnicity: (Check ALL that apply.)

- American Indian Asian Black Hispanic or Latino White Other

4. Check the county where you live: Crawford La Crosse Monroe Vernon

5. Zip Code _____

6. Sources of cash income for your household: (Check ALL that apply.)

- Wages Self-Employment Social Security
- Pension SSI Social Security Disability
- Alimony Unemployment Other: _____

7. YEARLY Household Income (Check ONLY ONE)

- Below \$10,000 \$10,000 - \$19,999 \$20,000 - \$29,999 \$30,000 - \$39,999
 \$40,000 - \$49,999 \$50,000 or more

8. Sources of other support for your household: (Check ALL that apply.)

- Housing subsidy Rent assistance Utility assistance
 Support from family/friends Food Share/Food Stamps TANF / W2
 Child Support Medicaid/Medicare BadgerCare/ACA
 Food Pantry Resale Shop Church
 Other: _____

9. How would you describe your housing? (Check ALL that apply)

- House Mobile Home Live with others (more than 30 days)
 Apartment Emergency shelter Live with others (less than 30 days)
 Being evicted from housing unit with no plans or means of obtaining other housing
 Leaving a domestic violence housing situation with no plans or means for other housing
 Live "on the street" (such as cars, parks, sidewalks, abandoned buildings)
 Transitional Housing Other (Describe): _____

10. Do you . . . your home? Own your home Rent Does not apply

11. Please tell us about the Health Insurance for members of your household.

- ❖ How many adults (18 years or older) in your household do not have health insurance?
 None Some All
- ❖ How many children (under 18 years) in your household do not have health insurance
 None Some All

How much of a NEED is each issue for your household?

The following questions are about issues that are important to many households in this four-county area. Rate how much of a need each issue is for your household. (Please **CIRCLE** your response.). If a particular issue does not apply to your household, please **CIRCLE NA**.

Example: If "getting a reliable car" is a high need for your household, then circle number 4.

1 2 3 4 5 NA

	Not at	Slight	Moderate	High	Very	Does Not
Issue	All				High	Apply

1. Transportation

Getting a reliable car	1	2	3	4	5	NA
Buying a car	1	2	3	4	5	NA
Paying for car service/repairs	1	2	3	4	5	NA
Paying for car insurance	1	2	3	4	5	NA
Paying for gasoline	1	2	3	4	5	NA
Finding a ride	1	2	3	4	5	NA
Finding public transportation	1	2	3	4	5	NA

2. Employment

Finding a job	1	2	3	4	5	NA
Finding a full-time job	1	2	3	4	5	NA
Finding a job with higher wages	1	2	3	4	5	NA
Finding a permanent job	1	2	3	4	5	NA
Keeping a job	1	2	3	4	5	NA
Getting training for a better job	1	2	3	4	5	NA
Getting health benefits with job	1	2	3	4	5	NA
Finding child care during working hours	1	2	3	4	5	NA
Finding affordable child care during working hours	1	2	3	4	5	NA
Transportation to get to work	1	2	3	4	5	NA

3. Education

Getting a diploma / GED / HSED	1	2	3	4	5	NA
Paying for school	1	2	3	4	5	NA
Transportation to get to school	1	2	3	4	5	NA
Getting training for a better job	1	2	3	4	5	NA
Finding child care during school hours	1	2	3	4	5	NA
Finding affordable child care during school hours	1	2	3	4	5	NA
Learning money management skills	1	2	3	4	5	NA

How much of a NEED is each issue for your household?

Issue	Not at All	Slight	Moderate	High	Very High	Does Not Apply
4. Housing						
Paying for rent/security deposit	1	2	3	4	5	NA
Dealing with landlord issues	1	2	3	4	5	NA
Making house payments (mortgage)	1	2	3	4	5	NA
Paying for home repairs	1	2	3	4	5	NA
Paying for utility bills	1	2	3	4	5	NA
Getting insulation/weatherization	1	2	3	4	5	NA
Finding safe, affordable housing	1	2	3	4	5	NA
Paying property taxes	1	2	3	4	5	NA
Buying a house	1	2	3	4	5	NA
5. Health						
<i>Getting...</i>						
Health care (physical)	1	2	3	4	5	NA
Mental health care	1	2	3	4	5	NA
Dental care	1	2	3	4	5	NA
Eye care	1	2	3	4	5	NA
<i>Paying for...</i>						
Health care	1	2	3	4	5	NA
Mental health care	1	2	3	4	5	NA
Dental care	1	2	3	4	5	NA
Eye care	1	2	3	4	5	NA
Health insurance	1	2	3	4	5	NA
Prescription drugs	1	2	3	4	5	NA
<i>Getting treatment for...</i>						
Drug or alcohol abuse	1	2	3	4	5	NA
Smoking/tobacco use	1	2	3	4	5	NA
Gambling addiction	1	2	3	4	5	NA
Health condition	1	2	3	4	5	NA
Mental illness/depression	1	2	3	4	5	NA
A disability	1	2	3	4	5	NA
Having adequate health insurance	1	2	3	4	5	NA
Dealing with increased levels of stress	1	2	3	4	5	NA
<i>Getting help for abuse...</i>						
❖ Physical	1	2	3	4	5	NA
❖ Emotional / Verbal	1	2	3	4	5	NA
❖ Sexual	1	2	3	4	5	NA
Learning about good nutrition	1	2	3	4	5	NA

How much of a NEED is each issue for your household?

Issue	Not at All	Slight	Moderate	High	Very High	Does Not Apply
6. Child & Family Development						
<i>Child Care . . .</i>						
Available	1	2	3	4	5	NA
Affordable, quality care	1	2	3	4	5	NA
For infant	1	2	3	4	5	NA
For school age child(ren)	1	2	3	4	5	NA
On nights and weekends	1	2	3	4	5	NA
When child is sick	1	2	3	4	5	NA
Child with special needs	1	2	3	4	5	NA
<i>Parenting . . .</i>						
❖ Developing appropriate parenting skills	1	2	3	4	5	NA
❖ Dealing with teenager(s)	1	2	3	4	5	NA
❖ Correcting / disciplining my child	1	2	3	4	5	NA
❖ Dealing with alcohol and drug use by youth	1	2	3	4	5	NA
7. Emergency Assistance						
<i>Need for . . .</i>						
❖ Food	1	2	3	4	5	NA
❖ Clothing	1	2	3	4	5	NA
❖ Shelter	1	2	3	4	5	NA
<i>Getting help with . . .</i>						
❖ Utility bills	1	2	3	4	5	NA
❖ House repairs	1	2	3	4	5	NA
❖ Rent payment	1	2	3	4	5	NA
❖ Mortgage payment	1	2	3	4	5	NA
Eviction prevention	1	2	3	4	5	NA
Emergency health care	1	2	3	4	5	NA
Finding affordable legal help	1	2	3	4	5	NA
Transportation	1	2	3	4	5	NA
Dealing with depression	1	2	3	4	5	NA
Dealing with emergency mental health issues	1	2	3	4	5	NA
8. Business Development						
Getting business start-up help	1	2	3	4	5	NA
Developing a business plan	1	2	3	4	5	NA
Getting business start-up loans	1	2	3	4	5	NA

Please list any other needs that your household might have that we forgot to ask:

- ❖ _____
- ❖ _____

Tell us how we are doing...

1. How familiar are you with **Couleecap** and the services we provide?

- Not familiar at all
 Somewhat familiar
 Very familiar

2. Has anyone in your household ever used **Couleecap** services?

YES - If **YES**



NO - **If NO**



What **Couleecap** services has your household used? (Check ALL that apply.)

- Weatherization
- Home Rehabilitation
- Homebuyer Assistance
- Housing Counseling
- Transitional/Permanent Housing
- Rental Assistance
- Food Assistance/Benefit Assistance
- Utility Assistance
- Transportation Assistance
- Resale Shop (Crawford)
- Job Training / Education
- Job / Business Development
- Other (describe) _____

What are the reasons for not using the services that **Couleecap** provides? (Check ALL that apply.)

- I do not know what services are available.
- I do not know where they are located in my area.
- There is no office close by.
- I do not know how to contact them.
- Other (describe) _____

3. If you have used any of the services that **Couleecap** provides, rate how satisfied you were with the services that you received. (1 = not satisfied at all to 5 = very satisfied)

Please **CIRCLE** your response.

Not at all satisfied $\xrightarrow{\hspace{10em}}$ Very Satisfied

1 2 3 4 5

Additional Comments: *Is there is anything else you would like us to know?*

THANK YOU FOR YOUR HELP!
(Please place completed survey in box/envelope)