

# got needs?

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## Kings County Community Survey

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**Thank you for taking the time to take the Got Needs? survey!** By participating in this effort you are helping community leaders better understand and address the needs of Kings County residents. If you have taken this before, there is no need to continue. Once completed, please return the survey and prize drawing form to your administering organization to be processed separately. If you would prefer to take this survey online please visit: **[gotneedskingscounty.com](http://gotneedskingscounty.com)**

***Please Contact Kings Partnership for Prevention to pick--up completed surveys and prize drawings. Email [karina@kpfp.org](mailto:karina@kpfp.org) for coordination, thank you!***

got needs?  
Kings County Community Survey

Thank you for  
taking the  
Community  
Needs Survey!

## PRIZE DRAWING ENTRY FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**GIFT CARD WINNER  
SELECTED EVERY  
WEEK!**

**2 GRAND PRIZE  
WINNERS SELECTED  
AT THE END OF THE  
MONTH!!**

*Please turn in this Prize Drawing Entry Form when you submit your Community Needs Survey. Please know that ALL surveys are kept anonymous, and are processed separately from the Prize Drawing Entry Forms. Thank you!*

**Thank you for helping improve your community!**

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CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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Kings County Community Survey

## 2021 Community Needs Assessment Survey Questions

Thank you for taking the time (approximately 6 minutes) to take the *Got Needs?* survey! By participating in this effort, you are helping community leaders better understand and address the needs of Kings County residents. If you have taken this before, there is no need to continue. We appreciate your feedback and value your time!

Please check the box next to the most appropriate answer.

In this next section, we are going to ask you questions about your community.

**1. What is your age?**

- 18-24 yrs.       45-54 yrs.  
 25-34 yrs.       55-64 yrs.  
 35-44 yrs.       65+ yrs.

**2. What is your gender?**

- Male                       Female  
 Other                       Prefer not to answer

**3. What is your race?** *(Check all that apply)*

- American Indian  
 Asian or Pacific Islander  
 White/Caucasian  
 Black or African American  
 Hispanic or Latino  
 Prefer not to answer  
 Other *(Please specify):* \_\_\_\_\_

**4. What community do you currently live in?**

- Armona                       Lemoore  
 Avenal                       NAS Lemoore  
 Corcoran                       Stratford  
 Hanford                       Santa Rosa Rancheria  
 Home Garden                       Homeless  
 Kettleman City  
 Other *(Please specify):* \_\_\_\_\_

**5. What is the highest level of school you have completed?**

- No schooling completed  
 Nursery school to 8th grade  
 Some high school, no diploma  
 High school graduate, diploma, or the equivalent (eg. GED)  
 Some college credit, no degree  
 Trade/technical/vocational training  
 Associate degree  
 Bachelor's degree  
 Master's degree  
 Professional degree  
 Doctorate degree

**6. In your community, do you have the following recreational areas/activities?** *(Check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Parks              | <input type="checkbox"/> Gyms            |
| <input type="checkbox"/> Youth sports teams | <input type="checkbox"/> Libraries       |
| <input type="checkbox"/> Walking trails     | <input type="checkbox"/> Visual arts     |
| <input type="checkbox"/> Adult sports teams | <input type="checkbox"/> Skate parks     |
| <input type="checkbox"/> Playgrounds        | <input type="checkbox"/> Fitness classes |
| <input type="checkbox"/> Community gardens  | <input type="checkbox"/> Bike paths      |
| <input type="checkbox"/> Performing arts    | <input type="checkbox"/> Swimming pools  |
| <input type="checkbox"/> Sports features    | <input type="checkbox"/> Splash pads     |
- (eg. Basketball court, baseball field)

**7. Do you feel there are enough areas of recreation in your community?**

- Yes       No       Don't Know

7.1 *If YES, are these recreation areas affordable?*

- Yes       No

7.2 *Are these recreation areas accessible?*

- Yes       No

7.3 *Are these recreation areas safe?*

- Yes       No

7.4 *Are these recreation areas high quality?*

- Yes       No

**8. Do you feel there are enough recreation activities in your area?**

- Yes       No       Don't Know

8.1 *If YES, are these recreation activities affordable?*

- Yes       No

8.2 *Are these recreation activities accessible?*

- Yes       No

**9. Do you utilize childcare in your community?**

- Yes       No

9.1 *If YES, is this childcare high quality?*

- Yes       No

9.2 *Is this childcare affordable?*

- Yes       No

9.3 *Are there enough options and locations?*

- Yes       No

**10. Have you ever used any of these community services before?** (Check all that apply)

- Drug and Alcohol Services
- Mental Health Services
- Food Assistance
- Victim Services
- Family and Parenting Services
- Veteran Services
- None of the above

**11. Does the public transportation in your community meet your needs?**

Public transportation is any transportation provided to the general public by a fare. This type of transportation is mostly paid for by government funds and passenger fares.

- Yes     No     Not Applicable

**11.1 If NO, why does public transportation not meet your needs?** (Check all that apply)

- Too expensive
- Limited times
- Limited locations
- Long wait times
- Scheduling conflicts
- Other (Please specify): \_\_\_\_\_

**11.2 If YES you use public transportation, what type are you using?** (Check all that apply)

- Kings Area Rural Transit (KART) bus
- Amtrak train
- Corcoran Area Transit (CAT) bus

**12. Do you feel that your family is able to access food within your community?**

- Yes     No

**13. Do you feel that your community offers opportunities, organizations, or events that sufficiently meet your family's spiritual needs?**

- Yes     No     Not Applicable

**14. Do you attend a church or spiritual community regularly?**

- Yes     No

**14.1 If NO, are you interested in joining a church or spiritual community?**

- Yes     No

**15. Are you currently having trouble affording an apartment or house in your community that suits your needs?**

- Yes     No

**16. Are you currently receiving any services from Kings Community Action Organization (eg. Head Start, Utility Assistance, Child Care, etc.)**

- Yes     No

**17. Have you ever witnessed violence in your community?**

- Yes     No

**18. Have you ever been the victim of violence in your community?**

- Yes     No

In this next section, we are going to ask you questions about your household.

**19. Have you ever witnessed violence in your home?**

- Yes     No

**20. Have you ever been the victim of violence in your home?**

- Yes     No

**21. Is everyone in your household currently covered by health insurance?**

- Yes     No

**22. In the past two years, has anyone in your household experienced a sudden or unexpected loss of employment?**

- Yes     No

**23. In the past two years, has your household experienced a major change in income?**

- Yes     No

**24. In the past two years, has a lack job skills or education prevented anyone in your household from gaining employment?**

- Yes     No

**25. In the past two years, has a lack of job skills or education prevented anyone in your household from getting a better paying job?**

- Yes     No

**26. Is your household currently having trouble paying utility bills?**

- Yes     No

**27. Are you concerned about having enough food to feed your family?**

- Yes     No

**28. Is your household currently having trouble paying rent/mortgage?**

- Yes     No

**29. Does your household have internet access?**

29.1 If YES, is your connection reliable?

- Yes     No

29.2 Please specify your provider (Check all that apply)

- Cable company (eg. AT&T, Xfinity)
- KingsNet
- Data plan through mobile device

**30. Does your household have a computer?**

- Yes     No

**31. Does your household have a smartphone?**

- Yes     No

**32. What is your approximate annual household income?**

- |  |   |
|--|---|
| <input type="checkbox"/> \$0---\$12,000      | <input type="checkbox"/> \$35,000---\$40,000  |
| <input type="checkbox"/> \$12,000---\$16,000 | <input type="checkbox"/> \$40,000---\$50,000  |
| <input type="checkbox"/> \$16,000---\$20,000 | <input type="checkbox"/> \$50,000---\$65,000  |
| <input type="checkbox"/> \$20,000---\$25,000 | <input type="checkbox"/> \$65,000---\$80,000  |
| <input type="checkbox"/> \$25,000---\$30,000 | <input type="checkbox"/> \$80,000---\$100,000 |
| <input type="checkbox"/> \$30,000---\$35,000 | <input type="checkbox"/> \$100,000+           |

**33. Does anyone in your household need help with any of the following?** (Check all that apply)

- Speaking English
- Reading English
- Writing English
- None of the above

**34. How many people currently live in your household?** (Please write a number)

\_\_\_\_\_

**35. Are you able to access medical services?**

- Yes       No

35.1 If NO, why have you been unable to access medical services? (Check all that apply)

- No insurance
- Lack of transportation
- Healthcare hours
- Scheduling conflict
- No local specialist
- Finances
- Childcare
- Other (Please specify): \_\_\_\_\_

**36. Are you able to access mental health services?**

- Yes       No       Not Applicable

36.1 If NO, why have you been unable to access mental health services? (Check all that apply)

- No insurance
- Lack of transportation
- Provider hours
- Stigma
- Finances
- Childcare
- Unable to find a provider
- Not covered by insurance
- Other (Please specify): \_\_\_\_\_

**37. Are you able to access telehealth (medical and mental health) services?**

- Yes       No       Not Applicable

37.1 If NO, why have you been unable to access telehealth services? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> No computer                   | <input type="checkbox"/> No internet service |
| <input type="checkbox"/> No cellphone                  | <input type="checkbox"/> Stigma              |
| <input type="checkbox"/> Finances                      | <input type="checkbox"/> Impersonal          |
| <input type="checkbox"/> Lack of privacy               | <input type="checkbox"/> Provider hours      |
| <input type="checkbox"/> Doesn't feel secure           |  |
| <input type="checkbox"/> Other (Please specify): _____ |  |

**38. In the past two years, have you experienced an increase in mental health symptoms (depression/anxiety)?**

- Yes       No

37.2 If YES, do you know where to receive care?

- Yes       No

37.3 Have you received care?

- Yes       No

37.4 Do you feel these symptoms are due to the COVID-19 pandemic?

- Yes       No

**39. Has the concept of suicide ever seriously affected your life?**

- Yes       No

37.5 If YES, which resources are you aware of?

(Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Suicide hotline                | <input type="checkbox"/> Kings View     |
| <input type="checkbox"/> Champions                      | <input type="checkbox"/> Urgent care    |
| <input type="checkbox"/> Warm Line                      | <input type="checkbox"/> Emergency room |
| <input type="checkbox"/> 2-1-1                          |   |
| <input type="checkbox"/> Church or spiritual community  |   |
| <input type="checkbox"/> Kings County Behavioral Health |   |
| <input type="checkbox"/> Other (Please specify): _____  |   |

**40. What are your three biggest barriers to healthy eating?** (Please check up to three options)

Healthy eating is eating 2---5 servings of fruits and vegetables, whole grains, dairy foods, lean meats or proteins like nuts, seeds and beans and drinking water daily.

- There are no places to access healthy food near my home
- I don't have transportation to access healthy food
- When I'm in the store, I don't know how to select healthy food
- I don't know how to cook healthy food
- I don't have time to cook healthy food
- I don't have anywhere to prepare healthy food
- Healthy food is too expensive
- The food goes bad before I can finish it
- I'm not familiar with the healthy food available here in my community
- I don't like the taste of healthy food
- My family doesn't like healthy food
- I don't feel full when I eat healthy food
- I already eat healthy food most of the time

**41. If you or your family faces a crisis situation (eg. sudden job loss, death in the family, victimization), where do you turn?** (Check all that apply)

- Church or spiritual community
- Doctor
- Counselor
- Social Services
- Law Enforcement
- Job Training Office
- School/ Education Facility
- Other (Please specify): \_\_\_\_\_
- None of the above

42. Are you aware of the free to low-cost family planning services in your community?

- Yes  No

43. Please identify all the categories that you currently need assistance with (check all that apply)

- Affordable housing
- Employment
- Food
- Accessing medical coverage
- Transportation
- Job training
- Preschool
- Working with local law enforcement
- Shelter
- Childcare
- Utilities assistance
- Parenting Classes
- English language classes
- Household budgeting
- Youth activities (summer/ after school)
- Nutrition education
- Home repairs
- Tutoring
- Education support
- Other (Please specify): \_\_\_\_\_
- None of the above

44. Due to the COVID pandemic, has anyone in your household experienced difficulty with any of the following? (Check all that apply)

- Reduced wages and/or work hours
- Loss of employment
- Childcare access
- Getting food
- Housing
- Transportation
- Getting hand sanitizer or cleaning supplies
- Getting medications
- Accessing healthcare
- Paying for medical expenses
- Getting physical activity
- Mental health symptoms (eg. Depression, anxiety)
- Other (Please specify): \_\_\_\_\_
- None of the above