

Beaufort Jasper Economic Opportunity Commission Community Needs Assessment

Introduction

Welcome to the Beaufort Jasper Economic Opportunity Commission (BJEOC) Community Needs Assessment survey! As an organization, we are dedicated to serving our community. The responses to this survey will help us better understand the community's needs and how to address them.

Your participation in the survey is voluntary, and your survey answers are confidential. No identifying information, such as your name or contact information, is required to complete the survey. However, you are invited to submit your name and contact information separate from your responses to be eligible for an incentive for completing the survey. If you choose to provide it, this information is collected at the end of the survey on a separate page to keep your responses anonymous.

Thank you for your participation!

Instructions

Please respond to each question to the best of your ability. Note that some questions require one answer, while for others you may choose multiple responses. The survey has about 60 questions and will take about 15 minutes to complete.

Demographic Information

1. What is your age? _____
2. Which of the following best represents your race? Select all that apply.
 - a. African American or Black
 - b. Asian
 - c. White/Caucasian
 - d. Hispanic, Latino, or Spanish origin
 - e. American Indian or Alaskan Native
 - f. Native Hawaiian or other Pacific Islander
 - g. Middle Eastern or North African
 - h. Multiracial/biracial
 - i. Other, please describe: _____
3. What is your gender identity? _____

4. What is your marital status?

- a. Married
- b. Never married
- c. Divorced
- d. Separated
- e. Widowed

f. Other, please describe: _____

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

- a. No high-school diploma
- b. High-school diploma or GED
- c. Some college
- d. Associate's degree or technical certification
- e. Bachelor's degree
- f. Graduate degree

6. What is your zip code? _____

Household Information

7. Which of the following best describes your household?

- a. Two-parent household
- b. Single-parent female head of household
- c. Single-parent male head of household
- d. Single-person household
- e. Multiple adults, no children
- f. Multiple adults, with children

g. Other, please describe: _____

8. Is your household multigenerational?

- a. Yes
- b. No

9. Number of children in the household (18 or younger). If none, enter "0": _____
10. Number of adults in the household (over 18): _____
11. Number of people in household with a disability. If none, enter "0": _____
12. Number of people in the household with veteran status. If none, enter "0": _____
13. What is your current housing situation?
- a. Homeowner
 - b. Renter
 - c. Homeless
 - d. Staying with friends or family
 - e. Staying in temporary housing (e.g., shelter)
 - f. Other, please describe: _____
14. What is the primary language used in your household?
- a. English
 - b. Spanish
 - c. Asian and Pacific Islander languages
 - d. Indo-European languages
 - e. Other, please describe: _____

Employment

15. Which of the following best describes your current employment status? Select all that apply.
- a. Employed full time [Go to Q16]
 - b. Employed part time [Go to Q16]
 - c. Underemployed (i.e., employed part time but would prefer full-time work) [Go to Q16]
 - d. Underemployed (i.e., overqualified for current position) [Go to Q16]
 - e. Unemployed and currently job searching [Skip to Q17]
 - f. Unemployed and not currently job searching [Skip to Q17]
 - g. Unemployed by choice [Skip to Q17]
 - h. Unable to work [Skip to Q17]
 - i. Retired [Skip to Q17]
 - j. Student [Skip to Q17]
 - k. Other, please describe: _____ [Go to Q16]

16. Are you self-employed?

- a. Yes, I am entirely self-employed
- b. Yes, I am self-employed but also work elsewhere
- c. No

17. Which of the following, if any, make it difficult for you to find and/or keep a job?

Select all that apply.

- a. Lack of jobs
- b. Lack of transportation
- c. Lack of training or education
- d. Criminal background
- e. Lack of childcare
- f. Lack of access to internet or technology
- g. Lack of access to personal hygiene facilities or tools (e.g., shower, laundry facilities)
- h. Mental/emotional health
- i. Substance abuse disorder
- j. Disability
- k. Language or literacy barriers
- l. Recent immigrant or refugee status
- m. Other, please describe: _____
- n. Does not apply

Income and Support Services

18. What is your or your household's gross (pretax) monthly income?

- a. \$0–\$500
- b. \$501–\$750
- c. \$751–\$1,000
- d. \$1,001–\$2,000
- e. \$2,001 or higher

19. What are the sources of household income? Select all that apply.

- a. Wages from employment
- b. Worker's compensation
- c. Supplemental Security Income (SSI)
- d. Retirement, Survivors, Disability Insurance (RSDI), including Social Security Disability Income (SSDI)
- e. Unemployment benefits
- f. Retirement/pension
- g. Temporary Assistance for Needy Families (TANF cash assistance) or Family Independence Program (FIP cash assistance)
- h. Child support
- i. Assistance from family or friends
- j. Other, please describe: _____
- k. Does not apply

20. In the last 12 months, which of these support services have you or your household received?

Select all that apply.

- a. Supplemental Nutrition Assistance Program (SNAP, food assistance)
- b. Women, Infants, and Children Food and Nutrition Service (WIC)
- c. Beaufort –Jasper Department of Health and Human Services Emergency Relief Services
- d. Financial assistance from agencies (e.g., utility shutoff prevention, homelessness prevention)
- e. Housing choice vouchers
- f. Free or reduced lunch
- g. Nonmonetary support from friends, relatives, nonprofits, or religious institutions (e.g., food, child care, clothing, transportation, etc.)
- h. Other, please describe: _____
- i. I did not receive any of these services

21. In the last 12 months, what Beaufort Jasper Economic Opportunity Commission (BJEOC) services have you or your household requested and/or received? Select all that apply.

- a. Utility assistance
- b. Weatherization assistance
- c. Tax preparation
- d. Food distribution
- e. Senior meals
- f. Transportation
- g. Housing choice vouchers
- h. Home rehabilitation
- i. Outreach and assistance/case management
- j. Homelessness prevention
- k. Other, please describe: _____
- l. I have not received any of these services

22. What challenges, if any, have you experienced when accessing community services?

Select all that apply.

- a. Income too high to qualify
- b. Lack of transportation
- c. Application process is difficult to complete (e.g., don't have the right documents, the application is confusing)
- d. Lack of organization's funding resources
- e. Do not meet other required qualifying criteria. Please describe:
- f. Other, please describe: _____
- g. None

Health and Healthcare

23. How would you rate your overall health?

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

24. Thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good? Enter number between 0 and 30: _____

25. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? Enter number between 0 and 30: _____

26. During the past 30 days, for about how many days did poor physical or mental health keep you from doing usual activities, such as self-care, school, work, or recreation? Enter number between 0 and 30: _____

27. What is the primary source of your healthcare coverage?

- a. Medicare
- b. Medicaid/Healthy Connections
- c. Private policy
- d. Employer sponsored
- e. Uninsured
- f. Other, please describe:

28. What barriers, if any, prevent you from accessing healthcare services? Select all that apply.

- a. Cost of services is too high
- b. Don't have transportation to get to and from appointments
- c. Lack of available services in the area
- d. Could not get an appointment when needed or waiting list was too long
- e. Too busy with work or other commitments
- f. Do not have insurance or are underinsured
- g. Other: _____
- h. Not applicable

Basic Food Needs

29. In the last 12 months, how well have you been able to meet your or your household's food needs?
- a. Very well
 - b. Fairly well
 - c. Not very well
 - d. Not at all
30. In the last 12 months, have you accessed a food pantry?
- a. Yes
 - b. No
31. In the last 12 months, have you or someone in your household gone without a meal because you had no food and no money to buy food?
- a. Yes
 - b. No
32. In the last 12 months, did your food assistance run out before your next monthly allotment?
- a. Yes
 - b. No
 - c. I don't use food assistance
33. Where do you get the food that you eat? Select all that apply.
- a. Convenience store/gas station
 - b. Friends and family
 - c. Shelter or soup kitchen
 - d. Grocery store/supermarket
 - e. Garden (home or community)
 - f. Community Food Club
 - g. Food pantry
 - h. Mobile food pantry truck
 - i. Commodity distribution (e.g., The Emergency Food Assistance Program)
 - j. Other, please describe: _____

34. Are you able to access fresh fruits and/or vegetables?
- a. Yes (Skip to Q36)
 - b. No (Continue to Q35)
 - c. I don't know (Continue to Q35)
35. Which of the following, if any, prevents you from accessing fresh fruits and/or vegetables? Select all that apply.
- a. Stores are too far away or are hard to travel to
 - b. Too expensive
 - c. Poor quality where I buy food
 - d. Not available where I buy food
 - e. Other, please describe: _____

Basic Housing Needs

36. In the last 12 months, how well have you been able to meet your or your household's housing needs?
- a. Very well
 - b. Fairly well
 - c. Not very well
 - d. Not at all
37. In the last 12 months, have you received a shutoff notice for your utilities?
- a. Yes
 - b. No
 - c. Not applicable
38. In the last 12 months, have you received an eviction notice or notice of foreclosure?
- a. Yes
 - b. No
 - c. Not applicable
39. In the last 12 months, have you been evicted or foreclosed upon?
- a. Yes
 - b. No
 - c. Not applicable

40. In the last 12 months, have you stayed in a shelter?
- a. Yes
 - b. No
41. Which of the following, if any, makes it difficult to find suitable housing in your community? Select all that apply.
- a. Unable to afford available housing
 - b. Not enough housing available
 - c. Difficulties with the application process (e.g., don't meet the requirements, can't afford the application fee, etc.)
 - d. Problems with landlords
 - e. Housing discrimination
 - f. Other, please describe:
 - g. None of these
42. How often in the last 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage?
- a. Always
 - b. Usually
 - c. Sometimes
 - d. Rarely
 - e. Never
 - f. Not applicable
43. Please rate how safe you feel where you live.
- a. Very safe [Skip to Q45]
 - b. Somewhat safe
 - c. Not very safe
 - d. Very unsafe

44. Which of the following, if any, affect your feelings of safety where you live? Select all that apply.

- a. I can't afford safe housing
- b. My neighborhood is unsafe (e.g., high crime rate)
- c. I have a high police presence in my neighborhood
- d. I have experienced discrimination in my neighborhood (e.g., from my landlord, neighbors, etc.)
- e. The place where I live needs maintenance or repairs
- f. I live alone and have trouble taking care of myself
- g. One or more of the people I live with makes me feel unsafe
- h. Other, please describe:
- i. None of the above

45. Do you believe housing discrimination based on race, religion, sex, and/or nationality is an issue in Beaufort or Jasper County?

- a. Yes
- b. No
- c. I don't know

46. If yes, why do you believe so? _____

47. Have you ever experienced discrimination when trying to secure or maintain housing?

- a. Yes
- b. No
- c. I don't know

48. If you have experienced discrimination when trying to secure or maintain housing, can you describe the situation? _____

Basic Transportation Needs

49. In the last 12 months, how well have you been able to meet your or your household's transportation needs?

- a. Very well
- b. Fairly well
- c. Not very well
- d. Not at all

50. How often, if at all, do you have transportation problems?

- a. Daily
- b. Once a week
- c. Once a month
- d. Few times per year
- e. I do not have transportation problems

51. Do you have access to public transportation?

- a. Yes
- b. No
- c. I don't know

52. Which forms of transportation do you use? Select all that apply.

- a. Your own vehicle
- b. Borrowed vehicle
- c. Rides from friends or family
- d. Walking
- e. Bicycle
- f. Public transportation
- g. Paid support service provider (e.g., home health aide or paid caregiver)
- h. Ride-sharing app (e.g., Uber or Lyft)
- i. Other, please describe: _____

53. Please rate how well your current forms of transportation meet your or your household's needs on a scale of one to five, where one is very poor and five is excellent.

List responses from Q52	1—Very poor	2—Poor	3—Fair	4—Good	5—Excellent
Option 1:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Option 2:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Option 3:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Quality of Life

54. How would you rate your current financial situation?

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

55. Do you see yourself as a person who lives in poverty?

- a. Yes
- b. No
- c. I don't know

56. Do you believe that poverty is a problem in Beaufort or Jasper County?

- a. Yes
- b. No
- c. I don't know

57. If possible, please explain why you believe poverty is or is not a problem in Beaufort or Jasper County: _____

58. If you believe poverty is a problem in Beaufort or Jasper County, what are some actions that could be taken by the BJEOC to reduce poverty in the community? _____

59. Overall, are you better or worse off today than you were one year ago?

- a. Better off
- b. Worse off
- c. About the same

60. What goals do you have to improve your or your family's standard of living?

61. Does anything keep you from achieving these goals? If yes, please describe:

62. What can the BJEOC do to help you achieve these goals? _____

End of Survey

Thank you for completing our survey! To show our appreciation for your time and effort in answering our questions, we are doing a weekly drawing for survey participants to receive a \$50 utilities gift card. If you would like to submit your name and contact information to be entered into the drawing, please fill out the information below and return it with your completed survey.

Please tear off the contact sheet separately from the survey so that your responses will remain anonymous!

I completed the survey!

Name: _____

Email: _____

Phone: _____

Thank you for your participation!

Please remove this sheet and return with your completed survey.