



What Matters.....

“Your Views Matter To Us”

Community Survey

For Residents, Businesses, and Agencies

Abington – Avon – Bridgewater – Brockton – Carver – Duxbury – East Bridgewater – Easton – Halifax – Hanover – Hanson – Kingston – Lakeville – Marshfield – Middleboro – Pembroke – Plymouth – Plympton – Rockland – Stoughton – West Bridgewater - Whitman

The United Way of Greater Plymouth County is conducting a community needs survey to identify the most pressing concerns in this region. We are interested in your opinions about the types of services that are most needed in our community.

Part A: To ensure the responses represent our community sufficiently, please fill out the background information below by circling the appropriate answer.

1. Type of Respondent (Please circle the appropriate letter):						
Community Service Provider: a. CEO/Executive Director b. Program Manager/Director c. Direct Care Provider d. Client		Private Corporation/Business: e. President/CEO f. Management g. Employee/Staff		h. Municipal Employee i. General Public		
2. Age Group (years) a. Under 18 e. 46-60 b. 18-25 f. 61-70 c. 26-35 g. 71 and over d. 36-45		3. Gender a. Male b. Female	4. Education a. Less than high school b. High school graduate/GED c. Some college d. College graduate or more		5. Marital Status a. Married b. Single c. Separated d. Divorced e. Widowed	
6. Number in Household	7. If you are a local resident, in which town within the Greater Plymouth County do you live? (Please Circle) Abington Avon Bridgewater Brockton Carver Duxbury East Bridgewater Easton Halifax Hanover Hanson Kingston Lakeville Marshfield Middleboro Pembroke Plymouth Plympton Rockland Stoughton West Bridgewater Whitman Not a local resident					
8. What is your racial/ethnic group? a. White, non-Hispanic b. African-American c. Hispanic d. Asian/Pacific Islander e. Cape Verdean f. Other _____			9. Languages (please list all) in which you a. Read _____ b. Write _____ c. Speak _____ d. Most Comfortable with _____			

Part B. For each segment of the population listed below, a list of needs is provided. Please circle **Y** to the right of those needs you think are most urgent for each population, and **N** next to those you think are not as urgent. In addition, if you are aware of **Other** urgent need(s) for a specific population, please list and describe them in the space provided.

B. 1		Adults			
1. a	After School Care for Children	Y/N	1. m	Legal Assistance / Advocacy	Y/N
1. b	Affordable Child Care	Y/N	1. n	Mental Health	Y/N
1. c	Education	Y/N	1. o	Mental Retardation/Developmental Disabilities	Y/N
1. d	Employment	Y/N	1. p	Obesity / Nutrition	Y/N
1. e	Health Care	Y/N	1. q	Physical Disabilities	Y/N
1. f	Health Insurance	Y/N	1. r	Prescription Coverage	Y/N
1. g	Housing	Y/N	1. s	Recreation	Y/N
1. h	Hunger / Food Assistance	Y/N	1. t	Rental/Mortgage Assistance	Y/N
1. i	Information / Referral Services	Y/N	1. u	Substance Abuse	Y/N
1. j	In Home Adult Care	Y/N	1. v	Transportation	Y/N
1. k	Job Training	Y/N	1. w	Utilities Assistance	Y/N
1. l	Language Barriers	Y/N	1. x	Violence	Y/N
1. y	<i>Other</i>				

B. 2		Children/Youth			
2. a	After School Care for Children	Y/N	2. m	Mental Health	Y/N
2. b	Affordable Child Care	Y/N	2. n	Mental Retardation/Developmental Disabilities	Y/N
2. c	Education	Y/N	2. o	Obesity / Nutrition	Y/N
2. d	Employment	Y/N	2. p	Physical Disabilities	Y/N
2. e	Health Care	Y/N	2. q	Prescription Coverage	Y/N
2. f	Health Insurance	Y/N	2. r	Recreation	Y/N
2. g	Housing	Y/N	2. s	Rental/Mortgage Assistance	Y/N
2. h	Hunger / Food Assistance	Y/N	2. t	Substance Abuse	Y/N
2. i	Information / Referral Services	Y/N	2. u	Teen Pregnancy	Y/N
2. j	Job Training	Y/N	2. v	Transportation	Y/N
2. k	Language Barriers	Y/N	2. w	Utilities Assistance	Y/N
2. l	Legal Assistance / Advocacy	Y/N	2. x	Violence	Y/N
2. y	<i>Other</i>				

B. 3		Elderly			
3. a	After School Care for Children	Y/N	3. m	Legal Assistance / Advocacy	Y/N
3. b	Affordable Child Care	Y/N	3. n	Mental Health	Y/N
3. c	Education	Y/N	3. o	Mental Retardation/Developmental Disabilities	Y/N
3. d	Employment	Y/N	3. p	Obesity / Nutrition	Y/N
3. e	Health Care	Y/N	3. q	Physical Disabilities	Y/N
3. f	Health Insurance	Y/N	3. r	Prescription Coverage	Y/N
3. g	Housing	Y/N	3. s	Recreation	Y/N
3. h	Hunger / Food Assistance	Y/N	3. t	Rental/Mortgage Assistance	Y/N
3. i	Information / Referral Services	Y/N	3. u	Substance Abuse	Y/N
3. j	In Home Adult Care	Y/N	3. v	Transportation	Y/N
3. k	Job Training	Y/N	3. w	Utilities Assistance	Y/N
3. l	Language Barriers	Y/N	3. x	Violence	Y/N
3. y	<i>Other</i>				

B. 4 Homeless / At Risk of Becoming Homeless					
4 a	After School Care for Children	Y/N	4. m	Legal Assistance / Advocacy	Y/N
4. b	Affordable Child Care	Y/N	4. n	Mental Health	Y/N
4. c	Education	Y/N	4. o	Mental Retardation/Developmental Disabilities	Y/N
4. d	Employment	Y/N	4. p	Obesity / Nutrition	Y/N
4. e	Health Care	Y/N	4. q	Physical Disabilities	Y/N
4. f	Health Insurance	Y/N	4. r	Prescription Coverage	Y/N
4 g	Housing	Y/N	4. s	Recreation	Y/N
4. h	Hunger / Food Assistance	Y/N	4. t	Rental/Mortgage Assistance	Y/N
4. i	Information / Referral Services	Y/N	4. u	Substance Abuse	Y/N
4. j	In Home Adult Care	Y/N	4. v	Transportation	Y/N
4. k	Job Training	Y/N	4. w	Utilities Assistance	Y/N
4. l	Language Barriers	Y/N	4. x	Violence	Y/N
4. y	<i>Other</i>				

B. 5 Immigrants & Refugees/Speakers of English as a Second Language					
5. a	After School Care for Children	Y/N	5. m	Legal Assistance / Advocacy	Y/N
5. b	Affordable Child Care	Y/N	5. n	Mental Health	Y/N
5. c	Education	Y/N	5. o	Mental Retardation/Developmental Disabilities	Y/N
5. d	Employment	Y/N	5. p	Obesity / Nutrition	Y/N
5. e	Health Care	Y/N	5. q	Physical Disabilities	Y/N
5. f	Health Insurance	Y/N	5. r	Prescription Coverage	Y/N
5. g	Housing	Y/N	5. s	Recreation	Y/N
5. h	Hunger / Food Assistance	Y/N	5. t	Rental/Mortgage Assistance	Y/N
5 i	Information / Referral Services	Y/N	5. u	Substance Abuse	Y/N
5. j	In Home Adult Care	Y/N	5. v	Transportation	Y/N
5. k	Job Training	Y/N	5. w	Utilities Assistance	Y/N
5. l	Language Barriers	Y/N	5. x	Violence	Y/N
5 y	<i>Other</i>				

B. 6 Single Parents					
6. a	After School Care for Children	Y/N	6. m	Legal Assistance / Advocacy	Y/N
6. b	Affordable Child Care	Y/N	6. n	Mental Health	Y/N
6. c	Education	Y/N	6. o	Mental Retardation/Developmental Disabilities	Y/N
6. d	Employment	Y/N	6. p	Obesity / Nutrition	Y/N
6. e	Health Care	Y/N	6. q	Physical Disabilities	Y/N
6. f	Health Insurance	Y/N	6. r	Prescription Coverage	Y/N
6. g	Housing	Y/N	6. s	Recreation	Y/N
6. h	Hunger / Food Assistance	Y/N	6. t	Rental/Mortgage Assistance	Y/N
6 i	Information / Referral Services	Y/N	6. u	Substance Abuse	Y/N
6. j	In Home Adult Care	Y/N	6. v	Transportation	Y/N
6. k	Job Training	Y/N	6. w	Utilities Assistance	Y/N
6. l	Language Barriers	Y/N	6. x	Violence	Y/N
6. y	<i>Other</i>				

Part C: After considering the entire survey (including your input and ideas), please rank the top three most urgent and pressing community needs in your opinion.

1.

2.

3.

Date Completed:

Place of Survey distribution:

We would like to express our thanks for your time and effort in completing this survey. Be assured that your opinions are extremely valuable to the United Way of Greater Plymouth County. Your response to this survey will have an impact on our funding allocations.

Please mail your completed survey to Linda Gately, Director of Community Relations, United Way of Greater Plymouth County, 928 West Chestnut Street, 2nd Floor, Brockton, MA 02301.

Deadline for submission is March 31, 2008



The United Way of Greater Plymouth County gratefully acknowledges the contributions of Arnaa Alcon, PhD, Assistant Professor of Social Work, and Michele Wakin, PhD, Assistant Professor in Sociology, Co-coordinator of the Center for Sustainability at BSC in the design and interpretation of the 2007-2008 Community Needs Assessment Survey.
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