

**Sussex County Human Services Needs Survey 2015**  
**This survey is for Sussex County residents only. Please fill out this survey only once.**

**Gender** \_\_\_\_\_ **Age** \_\_\_\_\_ **Town** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Marital Status:**  Single  Married

**Residence:**  Own Home  Rent Apartment/House  Subsidized Housing  Live with Family Member  Shelter  
 Homeless  Other \_\_\_\_\_ **Number of people in Household** \_\_\_\_\_ **How many are 18 and over** \_\_\_\_\_

**Yearly Household Income:**  Less than \$15,000  \$15,000 - \$24,999  \$25,000 - \$39,999  
 \$40,000 - \$59,999  \$60,000 - \$75,000  Over \$75,000

**Are You a Caregiver** (providing unpaid assistance to a dependent family member)?  Yes  No

**Employment:** Within household how many are employed: \_\_\_\_\_ How many are unemployed? \_\_\_\_\_ How many are retired? \_\_\_\_\_  
 How many part time jobs are held? \_\_\_\_\_ How many full time jobs are held? \_\_\_\_\_

**Think about each of the necessities and services listed below and then, using the check boxes provided, please tell us 1) The status, based on your family's need, and 2) How confident you are that you can access the service?**

	Needs Met on Our Own	Currently Have w/ Assistance	Currently Need	Doesn't Apply to Me	Confident I Know How to Access These Services	Unsure How to Access These Services	Unable to Access Because I Can't Afford
Housing that you can afford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food for yourself/your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency <u>financial savings</u> for one time needs (utilities; car repair; home repair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependable Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation/Social Programs for Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After-school Rec Programs for Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Needs Met on Our Own	Currently Have w/ Assistance	Currently Need	Doesn't Apply to Me	Confident I Know How to Access These Services	Unsure How to Access These Services	Unable to Access Because I Can't Afford
Disability Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Services/Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services Available to Live Independently at Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency <u>financial assistance</u> for one time needs (utilities; fuel oil; car repairs; home repairs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and Substance Abuse Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Abuse Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault/Abuse Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger Management Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Primary Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Medical Specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Cessation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigration Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical/Social Services after discharge from hospital/facility (home health aide; transport; etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQI Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 1) I go to the emergency room rather than to a primary care physician.  Yes  No
- 2) In general, how would you say your health is:  Excellent  Very Good  Good  Fair  Poor
- 3) About how long has it been since you last visited a doctor for a check-up? \_\_\_\_\_
- 4) Was there a time in the last year when you needed to see a doctor and couldn't?  Yes  No
- If Yes, what stood in your way?*  Unable to take time for myself  Cost  Insurance  Transportation  
 Work Schedule  Other \_\_\_\_\_

**\*\*\*Please return completed survey by **May 15, 2015** to:** Sussex County Administrative Center, Dept. of Human Services, One Spring Street, Newton, NJ 07860 or fax to 862-268-8014 or email to [sbalzano@sussex.nj.us](mailto:sbalzano@sussex.nj.us) \*\*\* *If you would rather take this survey online, please copy and paste this web link: <https://www.surveymonkey.com/r/SussexCounty2015>*

TURN OVER/TWO SIDES