



## United Way of Cumberland County 2008 Health & Human Service Assessment Household Survey

Below is a list of issues and needs currently being faced by many communities across the United States for which health and human service agencies provide assistance. Please tell us whether the issues listed below are “Not An Issue”, “A Minor Issue,” “A Moderate Issue,” “Major Issue,” or if you have “No Opinion or Don’t Know”. (CHECK ONE NUMBER IN EACH ROW)

### SECTION I. EDUCATION-Strengthening Children, Youth, Families & Neighborhoods

Please tell us the affect each of the following issues have upon your household and/or the households within your neighborhood. (CHECK ONE NUMBER IN EACH ROW)

#### 1. Strengthening Our Children, Youth and Families

ISSUE	NOT AN ISSUE	MINOR ISSUE	MODERATE ISSUE	MAJOR ISSUE	DON'T KNOW / NO OPINION
A. Reading at grade level & testing scores	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
B. Affordable pre-school aged programs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
C. Job training opportunities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
D. High school drop out rates	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
E. Overcrowded classrooms and unsafe schools	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
F. Affordable after-school and summer programs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
G. Affordable mentoring & tutoring programs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
H. Teen pregnancy prevention & intervention	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I. Assistance with financial management	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
J. Homeownership, mortgage/rental assistance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
K. Affordable counseling for children, youth and families including parental support programs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
L. Support for caregivers who provide basic needs and housing for:					
a. Children under the age of 18 (that are not their own) living in their home	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

ISSUE	NOT AN ISSUE	MINOR ISSUE	MODERATE ISSUE	MAJOR ISSUE	DON'T KNOW / NO OPINION
b. An adult over the age of 60 living in the home	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. Children under the age of 18 (that are not their own) and an adult over the age of 60 both living in the home	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. An individual who is mentally or physically disabled living in the home	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
M. Abused, neglected, & assaulted children	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
N. Family and domestic violence	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
O. Sexual assault	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
P. Abuse, neglect and assault on the elderly	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**2. Supporting and Strengthening Our Neighborhoods**

ISSUE	NOT AN ISSUE	MINOR ISSUE	MODERATE ISSUE	MAJOR ISSUE	DON'T KNOW / NO OPINION
A. Crime and/or criminal activities in the neighborhood	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
B. Gang activity and youth crimes within the neighborhood	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
C. Illegal drug use and distribution within the neighborhood	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**3. Recreational, Cultural and Community Involvement**

ISSUE	NOT AN ISSUE	MINOR ISSUE	MODERATE ISSUE	MAJOR ISSUE	DON'T KNOW / NO OPINION
A. Affordable cultural attractions & activities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
B. Adequate and affordable recreational facilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
C. Community involvement and volunteer opportunities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**SECTION II: INCOME-Supporting Basic Needs, Financial Stability, and Independence in Older Adults/Persons with Disabilities**

Please tell us the affect each of the following issues have upon your household and/or the households within your neighborhood. (CHECK ONE NUMBER IN EACH ROW).

**1. Strengthening Basic Needs and Financial Stability**

ISSUE	NOT AN ISSUE	MINOR ISSUE	MODERATE ISSUE	MAJOR ISSUE	DON'T KNOW/ NO OPINION
A. Emergency assistance for utilities, heating and cooling expenses, food, clothing and other basic needs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
B. Available and affordable transportation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
C. Homelessness. Shortage of temporary homeless shelters	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
D. Shortage of affordable housing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
E. Substandard housing. Shortage of assistance with home repairs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
F. Overcrowded housing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
G. Shortage of shelters for families and women	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
H. Shortage of transitional housing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I. Unemployment. Shortage of jobs that pay enough money to cover basic financial needs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**2. Independence in Older Adults and Persons with Disabilities**

ISSUE	NOT AN ISSUE	MINOR ISSUE	MODERATE ISSUE	MAJOR ISSUE	DON'T KNOW / NO OPINION
A. Availability of full-time caregiver support	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
B. Shortage of transportation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
C. Affordable assistance with daily living	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
D. Affordable social and recreational activities, including day centers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
E. Affordable assisted living facilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**SECTION III: HEALTH- Advocating Health & Healing**

Please tell us the affect each of the following issues have upon your household and/or the households within your neighborhood. (CHECK ONE NUMBER IN EACH ROW).

ISSUE	NOT AN ISSUE	MINOR ISSUE	MODERATE ISSUE	MAJOR ISSUE	DON'T KNOW / NO OPINION
A. Alcohol and/or substance abuse	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
B. Affordable medical, dental, and mental healthcare	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
C. Shortage of home health care and respite care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
D. HIV/AIDS awareness, prevention, intervention	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
E. Older adult health care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
F. Prescription assistance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
G. Affordable medical rehabilitation programs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
H. Affordable long-term medical care facilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I. Affordable wellness and fitness programs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
J. Programs that promote healthy choices and prevention of obesity in children and adults	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**Please answer the following questions based upon your household.**

- Is everyone in your household covered by health insurance?    <sub>1</sub> Yes    <sub>2</sub> No    <sub>3</sub> Don't Know
- If yes, where do members of your household get health insurance? (Check all that apply)
  - <sub>1</sub> Employer, union, or school (includes HMO)    <sub>2</sub> Medicare
  - <sub>3</sub> Bought directly (includes HMO)    <sub>4</sub> Medicaid/FAMIS
  - <sub>5</sub> Other (please indicate): \_\_\_\_\_
- Where do you typically go to receive regular healthcare or medical attention? (Check all that apply)
  - <sub>1</sub> Primary Care Physician    <sub>2</sub> Free Clinic    <sub>3</sub> Emergency
  - <sub>4</sub> Urgent Care Clinic    <sub>5</sub> Friend or Family members    <sub>6</sub> other: \_\_\_\_\_
- Has someone in your household needed medical care and did not get it?    <sub>1</sub> Yes    <sub>2</sub> No    <sub>3</sub> Don't Know
- Has someone in your household needed dental care and did not get it?    <sub>1</sub> Yes    <sub>2</sub> No    <sub>3</sub> Don't Know
- Has someone in your household needed mental care and did not get it?    <sub>1</sub> Yes    <sub>2</sub> No    <sub>3</sub> Don't Know

7. If you answered yes to Q4, Q5, and/or Q6, what were the primary reasons you were unable to get the healthcare needed? (Check all that apply)

Reason	Medical Care	Dental Care	Mental Care
A. Care needed cost too much	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
B. No Insurance coverage	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
C. Care needed not covered by insurance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
D. Could not afford co-payment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
F. Could not get an appointment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
G. Don't know good doctor, clinic or health care provider	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
H. No transportation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
H. Could not get off work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
I. Couldn't find doctor who accepts my insurance carrier	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
L. Other: _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**SECTION IV: LOCAL HEALTH AND HUMAN SERVICE ORGANIZATIONS**

What organizations have you or any member of your household used or tried to use in the last year? (Please indicate all that apply).

- |  |  |
|--|--|
| <input type="checkbox"/> <sub>1</sub> Alms House                                 | <input type="checkbox"/> <sub>25</sub> Cumberland Community Foundation                                       |
| <input type="checkbox"/> <sub>2</sub> American Cancer Society                    | <input type="checkbox"/> <sub>26</sub> Cumberland County CommuniCare   |
| <input type="checkbox"/> <sub>3</sub> American Heart Association                 | <input type="checkbox"/> <sub>27</sub> Cumberland County Coordinating Council on Older Adults                |
| <input type="checkbox"/> <sub>4</sub> American Red Cross                         | <input type="checkbox"/> <sub>28</sub> Cumberland County Department of Social Services                       |
| <input type="checkbox"/> <sub>5</sub> ARC of Cumberland County                   | <input type="checkbox"/> <sub>29</sub> Cumberland County Health Department                                   |
| <input type="checkbox"/> <sub>6</sub> Arts Council                               | <input type="checkbox"/> <sub>30</sub> Cumberland County Medication Access Program (prescription assistance) |
| <input type="checkbox"/> <sub>7</sub> Aspire Self Sufficiency Program            | <input type="checkbox"/> <sub>31</sub> Cumberland County Mental Health Center                                |
| <input type="checkbox"/> <sub>8</sub> Better Health                              | <input type="checkbox"/> <sub>32</sub> Cumberland County Schools   |
| <input type="checkbox"/> <sub>9</sub> Better Vision                              | <input type="checkbox"/> <sub>33</sub> Cumberland Interfaith Hospitality Network                             |
| <input type="checkbox"/> <sub>10</sub> Boys & Girls Clubs                        | <input type="checkbox"/> <sub>34</sub> Disabled Veterans Programs  |
| <input type="checkbox"/> <sub>11</sub> Boy Scouts of America                     | <input type="checkbox"/> <sub>35</sub> Disaster Relief Funds/Programs  |
| <input type="checkbox"/> <sub>12</sub> Care Center for Domestic Violence         | <input type="checkbox"/> <sub>36</sub> Early Childhood Education Programs                                    |
| <input type="checkbox"/> <sub>13</sub> Care Clinic                               | <input type="checkbox"/> <sub>37</sub> Educational Programs (general)  |
| <input type="checkbox"/> <sub>14</sub> Catholic Charities                        | <input type="checkbox"/> <sub>38</sub> Elderly/Aging Programs  |
| <input type="checkbox"/> <sub>15</sub> Child Advocacy Center                     | <input type="checkbox"/> <sub>39</sub> Environmental Organizations   |
| <input type="checkbox"/> <sub>16</sub> Church/synagogue/religious organizations  | <input type="checkbox"/> <sub>40</sub> Fayetteville Family Life Center                                       |
| <input type="checkbox"/> <sub>17</sub> City Rescue Mission                       | <input type="checkbox"/> <sub>41</sub> Fayetteville Urban Ministry   |
| <input type="checkbox"/> <sub>18</sub> Civil Rights Organizations                | <input type="checkbox"/> <sub>42</sub> Feeding/Food Pantry Programs  |
| <input type="checkbox"/> <sub>19</sub> Colleges/Universities/Alumni Associations | <input type="checkbox"/> <sub>43</sub> Fort Bragg Family Services  |
| <input type="checkbox"/> <sub>20</sub> Consumer Credit Counseling Service        | <input type="checkbox"/> <sub>44</sub> Fort Bragg Youth Services   |
| <input type="checkbox"/> <sub>21</sub> CONTACT Crisis Helpline                   | <input type="checkbox"/> <sub>45</sub> Fraternities/Sororities   |
| <input type="checkbox"/> <sub>22</sub> Crime Victims Assistance                  | <input type="checkbox"/> <sub>46</sub> Girl Scouts   |
| <input type="checkbox"/> <sub>23</sub> Cultural Organizations and/or Programs    |  |
| <input type="checkbox"/> <sub>24</sub> Cumberland Community Action Program       |  |

- |   |   |
|---|---|
| <input type="checkbox"/> <sub>47</sub> Goodwill Industries of America                 | <input type="checkbox"/> <sub>65</sub> Partnership for Children                                 |
| <input type="checkbox"/> <sub>48</sub> Habitat for Humanity                           | <input type="checkbox"/> <sub>66</sub> Police and/or Sheriff's Departments                      |
| <input type="checkbox"/> <sub>49</sub> Head Start Early Childhood Program             | <input type="checkbox"/> <sub>67</sub> Programs for the Disabled                                |
| <input type="checkbox"/> <sub>50</sub> HIV/AIDS Awareness/Prevention Programs         | <input type="checkbox"/> <sub>68</sub> Rape Crisis Volunteer Center                             |
| <input type="checkbox"/> <sub>51</sub> Homeless Charities/Missions/Shelters (general) | <input type="checkbox"/> <sub>69</sub> Retired Senior Volunteer Program (RSVP)                  |
| <input type="checkbox"/> <sub>52</sub> Home Repair/Weatherization Program             | <input type="checkbox"/> <sub>70</sub> Save the Babies House of Refuge                          |
| <input type="checkbox"/> <sub>53</sub> Hospital/Health Care Organizations             | <input type="checkbox"/> <sub>71</sub> Second Harvest Food of SENC                              |
| <input type="checkbox"/> <sub>54</sub> Humane Society                                 | <input type="checkbox"/> <sub>72</sub> SENC Radio Reading Service                               |
| <input type="checkbox"/> <sub>55</sub> In-School Scouting Program                     | <input type="checkbox"/> <sub>73</sub> Sports/recreational programs                             |
| <input type="checkbox"/> <sub>56</sub> Library Programs                               | <input type="checkbox"/> <sub>74</sub> The Salvation Army                                       |
| <input type="checkbox"/> <sub>57</sub> M.A.D.D./Mothers Against Drunk Driving         | <input type="checkbox"/> <sub>75</sub> United Way of Cumberland County                          |
| <input type="checkbox"/> <sub>58</sub> Make a Wish Foundation                         | <input type="checkbox"/> <sub>76</sub> Vision Resource Center                                   |
| <input type="checkbox"/> <sub>59</sub> March of Dimes                                 | <input type="checkbox"/> <sub>77</sub> Youth mentoring Programs/ Activities/ Services (general) |
| <input type="checkbox"/> <sub>60</sub> Mental Health Programs and Services            | <input type="checkbox"/> <sub>78</sub> YMCA   |
| <input type="checkbox"/> <sub>61</sub> Military Programs and Services                 | <input type="checkbox"/> <sub>79</sub> Other (please specify)                                   |
| <input type="checkbox"/> <sub>62</sub> Muscular Dystrophy Association                 | <input type="checkbox"/> <sub>80</sub> None   |
| <input type="checkbox"/> <sub>63</sub> Myrover-Reese Fellowship Homes                 |   |
| <input type="checkbox"/> <sub>64</sub> Operation Blessing                             |   |

1. How easy was it to find help?

- <sub>1</sub> Easy                                      <sub>2</sub> Somewhat difficult                                      <sub>3</sub> Very difficult

2. What were some of the problems you had receiving assistance?

- <sub>1</sub> Funding was not available  
<sub>2</sub> Not qualified for assistance  
<sub>3</sub> Other (please indicate) \_\_\_\_\_

3. How important do you think health and human service programs are to the well-being and quality of life in Cumberland County?

- Extremely Important    Very Important                      Important                      Not Important                      Not Important At All                      Don't Know  
<sub>1</sub>                                      <sub>2</sub>                                      <sub>3</sub>                                      <sub>4</sub>                                      <sub>5</sub>                                      <sub>6</sub>

4. From the list of organizations above, please indicate to which charity you provide financial support. (PLEASE LIST THE NUMBER OF THE ORGANIZATION. LIST ALL THAT APPLY) \_\_\_\_\_

5. From the list of organizations above, please tell us which organization you have volunteered for. (PLEASE LIST THE NUMBER OF THE ORGANIZATION. LIST ALL THAT APPLY) \_\_\_\_\_

**SECTION V: UNITED WAY OF CUMBERLAND COUNTY**

The following questions are to evaluate the community's awareness and understanding of the mission of United Way of Cumberland County is sponsoring this survey.

1. Would you say that you are "very familiar", "somewhat familiar", "have only heard of" or "not at all familiar" with United Way of Cumberland County? (Check one)

- <sub>1</sub> Very Familiar                      <sub>2</sub> Somewhat Familiar                      <sub>3</sub> Have only hear of                      <sub>4</sub> Not familiar at all

2. Have you been asked to donate/contribute to United Way of Cumberland County’s campaign in the past 12 months? (Check one)

- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Don’t know. Can’t remember

3. If yes to Q2, did you donate/contribute? <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Don’t know. Can’t remember

4. Are you employed by a company that has a United Way fundraising campaign? (Check one)

- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Don’t Know

5. Please indicate whether you “definitely agree”, “mostly agree”, “mostly disagree” or “strongly disagree” with each statement. (Check only one)

	Definitely Agree	Mostly Agree	Mostly Disagree	Strongly Disagree	Don’t Know
My company’s campaign and support of United Way makes me feel good about my company	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
United Way brings our community together to focus on our most critical needs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
United Way makes sure my donation is funding programs and services that are impacting our community	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
United Way enables people to get involved in our community	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
United Way funded programs and services improves people’s lives	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**SECTION VI: DEMOGRAPHICS**

Please provide the following information to assure that representation of residents in Cumberland County. **ALL RESPONSES WILL BE KEPT CONFIDENTIAL.**

1. What is your postal zip code? \_\_\_\_\_

2. What is your gender? <sub>1</sub> Male    <sub>2</sub> Female

3. What is your age group?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <sub>1</sub> 18 to 24 years | <input type="checkbox"/> <sub>2</sub> 25 to 34 years | <input type="checkbox"/> <sub>3</sub> 35 to 44 years    |
| <input type="checkbox"/> <sub>4</sub> 45 to 54 years | <input type="checkbox"/> <sub>5</sub> 55 to 59 years | <input type="checkbox"/> <sub>6</sub> 60 to 64 years    |
| <input type="checkbox"/> <sub>7</sub> 65 to 74 years | <input type="checkbox"/> <sub>8</sub> 75 to 84 years | <input type="checkbox"/> <sub>9</sub> 85 years and over |

4. Are you a U.S. Citizen? <sub>1</sub> Yes                      <sub>2</sub> No

5. Is English your primary language? <sub>1</sub> Yes                      <sub>2</sub> No

6. What is your employment status?

- <sub>1</sub> Employed full-time      <sub>2</sub> Employed part-time      <sub>3</sub> Unemployed—seeking employment  
<sub>4</sub> Retired      <sub>5</sub> Student      <sub>6</sub> Homemaker  
<sub>7</sub> Disabled or too ill to work      <sub>8</sub> Military (active duty)

7. What is your occupation?

- <sub>1</sub> Executive, administrative or managerial      <sub>2</sub> Professional      <sub>3</sub> Technical  
<sub>4</sub> Sales      <sub>5</sub> Clerical/Secretarial      <sub>6</sub> Service  
<sub>7</sub> Industrial      <sub>8</sub> Military (active duty)      <sub>9</sub> Government  
<sub>10</sub> Other: \_\_\_\_\_

8. Are you a military veteran? <sub>1</sub> Yes      <sub>2</sub> No

9. Are you a retired military veteran? <sub>1</sub> Yes      <sub>2</sub> No

10. Into which of the following ranges does your total annual household income fall?

- <sub>1</sub> Less than \$25,000      <sub>2</sub> \$25,000 to \$49,999      <sub>3</sub> \$50,000 to \$74,999  
<sub>4</sub> \$75,000 to \$99,999      <sub>5</sub> \$100,000 to \$124,999      <sub>6</sub> \$125,000 to 150,000  
<sub>7</sub> More than \$150,000

11. How many years of education have you completed? (Check the highest level completed)

- <sub>1</sub> Less than high school      <sub>2</sub> High school graduate/GED      <sub>3</sub> Some college/technical school  
<sub>4</sub> Technical school certification      <sub>5</sub> College graduate or more      <sub>6</sub> Other \_\_\_\_\_

12. Which of the following best describes your race/ethnicity?

- <sub>1</sub> Asian/Pacific Islander      <sub>2</sub> White      <sub>3</sub> Native American  
<sub>4</sub> Black/African American      <sub>5</sub> Hispanic/Latino      <sub>6</sub> Bi-Racial  
<sub>7</sub> Other \_\_\_\_\_

13. Which of the following best describes you?

- <sub>1</sub> Married      <sub>2</sub> Separated      <sub>3</sub> Widowed  
<sub>4</sub> Divorced      <sub>5</sub> Never Married      <sub>6</sub> Single

14. Where do you volunteer? (Check all that apply)

- <sub>1</sub> At church      <sub>2</sub> Through work      <sub>3</sub> Through the school system      <sub>4</sub> Other \_\_\_\_\_

15. Do you own or rent, etc. your home?

- <sub>1</sub> Own      <sub>2</sub> Rent      <sub>3</sub> Lease      <sub>4</sub> Other \_\_\_\_\_

**COMPLETE SECTION VII ONLY IF YOU ARE A MILITARY FAMILY.**

**NON-MILITARY FAMILIES PROCEED TO SECTION VIII TO SUBMIT YOUR SURVEY**

**SECTION VII: MILITARY FAMILY SUPPORT**

(The following survey questionnaire is based upon the National Military Family Association (NMFA), Family Support Survey conducted in 2001. The results and findings will be used by United Way of Cumberland to identify address the needs of our local military families).

1. What is your affiliation to the military?

- <sub>1</sub> Active Duty
- <sub>2</sub> Spouse of Active Duty
- <sub>3</sub> National Guard
- <sub>4</sub> Spouse of National Guard
- <sub>5</sub> Reserve
- <sub>6</sub> Spouse of Reserve
- <sub>7</sub> Widow
- <sub>8</sub> Parent of Active Duty
- <sub>9</sub> Parent of National Guard
- <sub>10</sub> Other \_\_\_\_\_

2. Which Branch of Service are you affiliated with?

- <sub>1</sub> Air Force
- <sub>2</sub> Army
- <sub>3</sub> Coast Guard
- <sub>4</sub> Marine Corps
- <sub>5</sub> Navy
- <sub>6</sub> NOAA
- <sub>7</sub> Public Health Service
- <sub>8</sub> Other \_\_\_\_\_

3. How many years of service do you or the service member have in the United States military? \_\_\_\_\_

5. What rank category are you or the service member?

- <sub>1</sub> E-1 – E-4
- <sub>2</sub> E-5 – E-6
- <sub>3</sub> E-7 – E-9
- <sub>4</sub> W-1 – W-5
- <sub>5</sub> O-1 – O-4
- <sub>6</sub> O-5 – O-6
- <sub>7</sub> O-7 – O-10
- <sub>8</sub> Not Applicable

6. Do you live on a military installation? <sub>1</sub> Yes <sub>2</sub> No

7. What is your distance to your nearest military installation?

- <sub>1</sub> Less than 10 miles
- <sub>2</sub> 11-49 miles
- <sub>3</sub> 50 – 99 miles
- <sub>4</sub> Over 100 miles

8. Do you have dependent children? <sub>1</sub> Yes <sub>2</sub> No If yes, how many and what are their ages? \_\_\_\_\_

9. What MILITARY family support service(s) did you use within the last year?

- <sub>1</sub> Medical Care
- <sub>2</sub> Financial Services
- <sub>3</sub> Education Services
- <sub>4</sub> Child Care Services
- <sub>5</sub> Family Support Services
- <sub>6</sub> Youth Services
- <sub>7</sub> Religious Services
- <sub>8</sub> Legal Services
- <sub>8</sub> Other \_\_\_\_\_

10. How useful were these services in meeting your families' needs?

FAMILY NEED	EXCELLENT	VERY GOOD	GOOD	UNACCEPTABLE	NOT APPLICABLE
Medical Care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Financial Services	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Education Services	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Child Care Services	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Family Support Services	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Youth Services	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Religious Services	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Legal Services	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

What are the top 3 challenges your family faced last year?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

11. What COMMUNITY resources (not provided by the military) did you use in addressing these challenges?

- <sub>1</sub> Family Support Groups      <sub>2</sub> Religious Programs      <sub>3</sub> Friends
- <sub>4</sub> Physical Fitness      <sub>5</sub> Therapy      <sub>6</sub> Community Agencies (Red Cross, USO, VFW)
- <sub>7</sub> Other \_\_\_\_\_

12. What military or community programs/resources did you find to be least beneficial to your needs?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**SECTION VIII: TO SUBMIT YOUR SURVEY**

THANK YOU

FOR YOUR TIME AND ASSISTANCE IN DETERMINING CRITICAL NEEDS AND SERVICES IN CUMBERLAND COUNTY

Return your completed survey to:

**United Way of Cumberland County  
P.O. Box 303  
Fayetteville, NC 28302**

**PLEASE RETURN NO LATER THAN OCTOBER 31, 2008**

*NOTE: Your responses will remain completely confidential. The address information printed on this survey will ONLY be used to help identify which areas of the Cumberland County region need new and/or expanded services.*

