**2022 MISSISSIPPI COUNTY ARKANSAS E.O.C., INC.**

**COMMUNITY ASSESSMENT SURVEY**

**The purpose of this survey is to obtain information from the people living in this county in order to decide what services are needed in the county. Each Head Start grantee must conduct a Community Assessment within its service areas to determine whether the Center-based or Home-based services meets the needs of the families. This information will be helpful in completing a grant application to seek new funding. Please complete and return to your child’s teacher.**

**What is your family size?** □ 1 □ 2 □ 3 □ 4 □ 5

□ 6 □ 7 □ 8 □ 9 □ 10

**What is your current marital status?** □ Single □ Married □ Separated/Divorced

 □ Widowed □ Other

**Please select a category that best describes the household:**

 Single father home Single mother home Two parent home

 Grandparent’s home Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a:**  Grandparent Legal guardian Foster parent Parent

**Do you live with parents, grandparents, family members or friends?**  yes no

**Race information:**

 White/Caucasian (not of Hispanic origin) Black/ African American (not of Hispanic origin)

 American Indian / Alaskan Native

**Ethnic**

 Hispanic/Latino (Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish origin)

 Not Hispanic or Latino

**Did your child attend Head Start or Early Head Start?** yes no

**What city do you live in?** (*Please check one*.) \_\_\_\_\_ Manila \_\_\_\_\_\_ Leachville \_\_\_\_\_ Joiner \_\_\_\_\_Blytheville \_\_\_\_\_Wilson \_\_\_\_\_ Osceola \_\_\_\_\_ Luxora \_\_\_\_\_ Gosnell \_\_\_\_\_Keiser \_\_\_\_\_ Jonesboro \_\_\_\_\_State of Missouri

**What are the ages of your child or children by August 1st 2022?** \_\_\_\_8 weeks to 36 months \_\_\_\_\_\_ 3-5 years old

**Would you bring your child to a center 5-days a week** **between the hours** of **7:45 a.m.-3: 00 p.m.?** yes no

**Would you bring your child to a center 4 days a week between the hours of 7:30 a.m.- 4:30 p.m.?**  yes no

**Would you like for your child to attend Summer Services?**  yes no

**Would you rather participate in the home-based program 1-day a week for 90 minutes and 2 socializations per month at a convenient time for you?**  yes no

**Do you work?**  yes no **Do you attend school?**  yes no **Are You seeking employment?** yes no

**Do you have transportation?** yes no

**Head Start provides approximately 7 hours of child care per day. If additional hours became available, would you:**

**(a) be willing to pay for the time before or after the hours that Head Start does not provided?**

 **2:45p.m.-5:00p.m.; 6:45p.m.-7:45 p.m.**  yes no;

**(b) complete an application through the Department of Human Services for Child Care Voucher?** yes no.

(**c) If you not working, attending school or seeking employment, would you bring your child less than 6 hours per day?**

 yes no

* If you have an open case, receiving Snap benefits, or AR Kids then you should be eligible to receive a voucher. Will additional hours be helpful for you (Ex. 6:45a.m.-5:00p.m.)?

**What is your preference on starting from July to July with longer operational hours from 7:30 a.m.- 5:30 p.m., Monday- Thursday? Longer Spring Breaks?**

**Would you like for Head Start hours to coincide with the Public School District hours in your area?** □ yes □ no

**Has anyone in your household received assistance with gas or electric bills from the LIHEAP Program (Home Energy Assistance)?**  □ yes □ no

**How would you like to participate in Head Start’s preview night? During this time, you will have an opportunity to: meet teachers, walk-through the building, visit your child’s classroom and ask questions.**

  In-person  Zoom  Facebook (live)

**INCOME SOURCE:** (Please check all that apply)

□ Salary/Wages □ TEA/TANF □ Social Security □ Housing

□ Food Stamps □ SSI/SSDI □ Retirement/Pension □ No Income

□ Veteran’s Benefits □ Other Income □ Child Support □ Alimony

□ Self-Employed □ Medical Aid □ Worker’s Compensation

□ Dividends/Interest □ General Assistance □ Unemployment Compensation

**Please check all services the child/children may need:**

 Health Nutrition Vision  Hearing Dental Speech

 Education (learning) Social Services Education Disability

**During the last 12 months, please check any of the following resources you have used:**

 Health Department Head Start Early Head Start

 Work Force Food Pantry Legal Services

 Public Schools Public Libraries Local Doctors / Dentists Haven House Pre-Kindergarten Mississippi County Mission

 GED programs Local Churches Private Day Care Relative / Friend Child Care Dept. of Health Dept. of Human Services WIC program Arkansas Northeastern College English Language Learner Programs  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did you find these resources easy to locate? yes no**

**Were your needs met through these resources? yes no**

**Please check any Specific Services that you/ your family may need:**

 Emergency/Crisis Intervention Housing Assistance Asset building services Mental Health Services Substance misuse prevention Substance misuse treatment Education on postpartum care Education on relationship/marriage Assistance enrolling into an education program Assistance enrolling into a job training program English as a Second Language (ESL) training Information on COVID-19

**Thank you for your time.**

**If you would like to enroll your child/children in any of our Early Head Start or Head Start programs, please go to myHeadStart.com to complete the registration form.**

***This is only a survey. If you need any of the services from our office, please come into one of our offices to complete an application. If further information is needed, please call 870-776-1054.***