

Community Needs Assessment

Name of person interviewed: _____ Age: _____

Address: _____

Contact number: _____ Email: _____

No.# of adults in home: ___Age:20-30 ___Age 31-40 ___Age 41-50___Age 51-60 ___over 60

No.# of children/youth in home: ___Ages 0-4 ___Age 5-9 ___Age 10-13 ___Age 14-19

How can we as a church best assist you?

Code: 0 = No Need in this area; 1 = Some/occasional Need in this area; 2 = Definite Need; 3 = Great Need

- | | |
|--|--|
| <input type="checkbox"/> Food | <input type="checkbox"/> After school supervision/activities |
| <input type="checkbox"/> Utilities/ emergency cash assistance for serious one-time needs | <input type="checkbox"/> Neighborhood safety training |
| <input type="checkbox"/> Housing fix up/repair | <input type="checkbox"/> Fun weekend activities for children/teens |
| <input type="checkbox"/> House cleaning | <input type="checkbox"/> Coffee house |
| <input type="checkbox"/> Car repair | <input type="checkbox"/> GED classes |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Parenting classes/group |
| <input type="checkbox"/> Job search/skills | <input type="checkbox"/> Individual Counseling for special situation or need, or support group |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Family Counseling |
| <input type="checkbox"/> Daycare | <input type="checkbox"/> Substance abuse counseling |
| <input type="checkbox"/> Tutoring for children/teens Subject: _____ | <input type="checkbox"/> Bible study on an "up to date" topic |

Other-fill in blank _____

What are three things you like about your community where you live? _____

What are three things that need improvement in your community or you wish your community had to offer? _____

What is the one most pressing need you would like to see your local church do for you now?

Special prayer needs: _____