

Northern California Indian Development Council, Inc.

**2017
Community Survey**

Counties of: Humboldt, Del Norte, Siskiyou, Trinity

NCIDC has been providing services to the Native American Communities in Humboldt, Del Norte, Siskiyou and Trinity Counties for over 30 years. In an effort to understand what the needs of the communities are, we are asking you to help us by completing this survey if you live or work in one of these counties.

Please do not put your name on the survey, as we want you to answer all questions fully without concern for your privacy. No one will know who completed this questionnaire.

This survey should take less than 10 minutes to complete.

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***PLEASE RETURN COMPLETED SURVEYS TO NCIDC
BY
MAY 12, 2017***

(or you can go to ncidc.org to find a link to complete the survey online!)

1.) What County do you live (or work) in? (check (✓) one)

(if you live outside of the four listed counties below, you may mark the county you work in. If you neither work or live in one of these four counties, please discontinue survey.)

Humboldt

Del Norte

Siskiyou

Trinity

2.) Gender (self identified) (check (✓) one) Male Female Decline to state

3.) What is your age group (check (✓) one)

Under 18

18-23

24-44

45-54

55-69

70+

4.) What is your current living situation? (check (✓) one)

Single Parent Female

Single Adult

Single Parent Male

Multiple Adults, No Children

Two Parent Household

Other (specify: _____)

5.) Other household characteristics? (check all that apply (✓))

Foster Care household

Intergenerational Household

6.) Where do you live? (check (✓) one)

Rental - house, apartment, trailer, condo

Buying/Own my own home, trailer, condo

Tribal/Public Housing Project

Subsidized or Section 8 housing

Temporarily with a Friend or Family

Homeless

Group home or assisted living facility

Other Specify _____

Household Size

Each household should complete one survey. A household can be an individual living alone or individuals who live together and share expenses, i.e. rent/mortgage, food, utilities and other costs.

If you live by yourself, or if you live with other people and keep most of your finances separate, your household size is 1 person. Otherwise, your household size is the number of people, including children, who live with you (and share in the expenses.)

7.) Including yourself, how many people live in your household (check (✓) one)

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4

<input type="checkbox"/>	5
<input type="checkbox"/>	6
<input type="checkbox"/>	7
<input type="checkbox"/>	8

<input type="checkbox"/>	9
<input type="checkbox"/>	10
<input type="checkbox"/>	11
<input type="checkbox"/>	12 or more

8.) What was your total household income last year (before taxes)? (check (✓) one)

<input type="checkbox"/>	\$12,060 or less
<input type="checkbox"/>	\$16,240 or less
<input type="checkbox"/>	\$20,420 or less
<input type="checkbox"/>	\$24,600 or less
<input type="checkbox"/>	\$28,780 or less
<input type="checkbox"/>	\$32,960 or less

<input type="checkbox"/>	\$37,140 or less
<input type="checkbox"/>	\$41,320 or less
<input type="checkbox"/>	\$49,230 or less
<input type="checkbox"/>	\$53,390 or less
<input type="checkbox"/>	\$57,550 or less
<input type="checkbox"/>	More than \$57,550

9.) What is your zip code _____

Do you live on a reservation/rancheria or Indian trust land? _____ Yes _____ No

10.) What is the highest level of education you have completed? (check (✓) one):

<input type="checkbox"/>	0-8
<input type="checkbox"/>	9-12/Non-graduate
<input type="checkbox"/>	High school graduate
<input type="checkbox"/>	GED
<input type="checkbox"/>	12+ some college
<input type="checkbox"/>	2 or 4 year college graduates
<input type="checkbox"/>	Vocational training
<input type="checkbox"/>	Post graduate

11.) What is your race/ethnicity? (check (✓) all that apply)

<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	White
<input type="checkbox"/>	Native Hawaiian/Pacific Islander	<input type="checkbox"/>	Hispanic or Latino

If you checked American Indian or Alaskan Native, which tribe are you enrolled in (or that you identify with the most).

Tribe: _____

12.) Tell us about your employment status:

Are you currently employed? _____ Yes _____ No
 Are you unemployed and looking for a job? _____ Yes _____ No
 Are you employed but looking for a better job? _____ Yes _____ No
 Are you working part time? _____ Yes _____ No
 Are you disabled? _____ Yes _____ No
 Are you retired? _____ Yes _____ No

13.) Please rate each of the following barriers to getting or holding a job by checking how strongly you agree or disagree that this is a problem in your household or community (check (✓) most appropriate rating for each barrier):

Barriers to getting/maintaining job?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Lack of a GED or High School Diploma					
Lack of college education					
Lack of childcare or before/after school care					
Lack of Elder care for senior in home					
Health issues (including alcohol/drug addiction)					
Lack of reliable transportation					
Lack of skills for the jobs available					
Lack of jobs paying a living wage					
Lack of jobs providing pay increases over time					
Lack of jobs providing promotional opportunities					
Lack of jobs w/ benefits (health, retirement, etc)					
Lack of a valid drivers license					
Lack of a functioning internet connection					
Lack of a home computer					
Lack of jobs in the area where I live.					

14.) Emergency Assistance: Check the Emergency Assistance that your family needed within the last year, and whether you obtained the help you needed. (check (✓) all that apply)

Needed	Obtained	Type of Help	Needed	Obtained	Type of Help
		<u>Food access</u>			<u>Financial counseling</u>
		<u>Fuel or utility payments</u>			<u>Legal assistance</u>
		<u>Rent/mortgage payment</u>			<u>Medical care</u>
		<u>Repairs to car</u>			<u>Mental health services</u>
		<u>Repairs to home</u>			<u>Drug/Alcohol detox/intervention</u>
		<u>Temporary shelter</u>			<u>Drug/Alcohol abuse counseling</u>
		<u>Support for Elders</u>			<u>Protection from Elder abuse</u>
		<u>Support for disabled</u>			<u>Protection from child abuse</u>
		<u>Transportation</u>			<u>Protection from spousal abuse</u>

15.) Do you have preschoolers living in your household? _____ YES _____ NO

If yes, list unmet needs for your preschooler: _____

16.) Do you have youth living in your household? (under 18) _____ YES _____ NO

If yes, list unmet needs for your youth: _____

17.) Do you have young adults living in your household? (18+) _____ YES _____ NO

If yes, list unmet needs for your young adults: _____

18.) Do you have Elders living in your household? (55+) _____ YES _____ NO

If yes, list unmet needs for Elders: _____

19.) Have you attempted suicide or do you know of family or community members who have attempted or committed suicide? (check (✓) one) _____ YES _____ NO

20.) How big a problem do you think Suicide is in the Indian Community? (check (✓) one)

_____ Very Serious _____ Serious _____ Somewhat Serious _____ Not Serious at All

21.) Does your Tribe have a domestic violence program? (check (✓) one)

_____ Yes _____ No _____ Unsure

22.) How serious do you think domestic violence is in your community? (check (✓) one)

_____ Very Serious _____ Serious _____ Somewhat Serious _____ Not Serious at All

23.) Please rate the types of issues that contribute to domestic violence.

(Rate on a 1 – 5 scale, with 1 being the lowest contributor and 5 being the highest)

_____ Anger

_____ Frustration

_____ Drugs/Alcohol

_____ No Job

_____ Intergenerational Trauma

_____ Lack of money in the household

24.) If you could suggest one thing that, you think, would improve domestic violence services, what would that be? _____

25.) How do you feel domestic violence services are being handled in your community?
(check (✓) one in each row).

1.) Very Professional Professional Lack Professionalism

2.) Very Confidential Confidential Not Confidential at all

3.) More than Enough Services Adequate Services Inadequate Services

26.) Have you ever received services from NCIDC in the past? (check (✓))
 Never Once 2-4 times 5-10 times More than 10 times

27.) How satisfied were you with the service/help or a member of your household received at NCIDC (check (✓) one answer in each row)

a. The NCIDC location/office was convenient, assessable & welcoming. Y N N/A

b. I was helped in a timely manner. Y N N/A

d. The staff was friendly and helpful. Y N N/A

f. I was informed of other available agency or community services. Y N N/A

g. I would recommend NCIDC to friends and family. Y N N/A

h. What is one thing you would change about the services you received from NCIDC?

i. I was unable to receive the services I needed. (check (✓) if "yes") _____

If you checked "yes" to unable to receive services, what was the reason that you could not receive the services you needed? _____

28.) Are you employed by a government or non-profit agency serving the needs of Tribal and/or low-income clients? Yes No

29.) How did you answer this survey

Interviewed by NCIDC volunteer/employee?

Filled out a Paper Survey

On a cell phone/tablet

On a computer

30.) If you have any other comments, please enter them here:

Thank you for taking the survey. If you require more space for comments please write them below.

(you may also attach additional pages if needed for comments).

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