

Resident Survey Form for a Family Development

Name of Development

I would like to take this opportunity to introduce myself to you. My name is _____ [Insert name] and I am the Service Coordinator for _____ [Insert Development Name].

All residents are requested to complete this survey. Your answers will help me to arrange for activities and services that are of interest to you and your family. I encourage and appreciate your response.

Please return the completed survey to me by _____ [insert date]. After I receive your survey, I will contact you to schedule a meeting. I would like to discuss your ideas about programs that should be offered at _____ [Insert Development Name] and give you information about activities that are currently available. Survey responses and our discussions are strictly confidential. Thank you in advance for your participation.

Family Name: _____ Apt. #: _____

1. How many children are in your household?

Girls

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Boys

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

2. Do you have any persons 62+ in your household?

Name: _____ Birthdate: _____

3. Do you need child care and/or day care for your children? Check all that apply:

() day care while parent(s) are working or in school

() after school care for school age children

() evening care when parents are working or in school

() other:

4. Would you like any of your children to participate in an afternoon or evening tutoring program? Please list their names and grade in school.

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

5. The following are some possible programs and activities that we could offer on-site or sponsor off-site. Please number the following choices according to their importance to you. Start with number one (1) for most important and continue to number five (5) for the least important.

- After School Tutoring
- Employment Enrichment Programs
- Gardening
- Holiday/Block Parties
- Resident Council

6. What services would you like to be offered within this community (on-site)?

7. What services or activities would you participate in if they were offered on-site?

8. What do you believe is the best way to get people involved in activities and services on-site?

9. Would you be willing to volunteer time to plan and coordinate activities on-site?

10. Are you interested in participating in a resident council?

11. What kinds of activities would you like to see for the youth?

12. What hobbies or talents do you have that you could share with neighbors or youth?

13. Would you like information on the following services or programs?

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Utility/Fuel Assistance | <input type="checkbox"/> Vocational Training / Career Development |
| <input type="checkbox"/> Child/Day Care | <input type="checkbox"/> Services for the Disabled |
| <input type="checkbox"/> Drug/Alcohol Prevention | <input type="checkbox"/> Medical Assistance |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Medical Services |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Transportation Services |
| <input type="checkbox"/> Employment Opportunities | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Education/GED/ Literacy | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Legal Advocacy | <input type="checkbox"/> Translation |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Prenatal Care Services |
| <input type="checkbox"/> Continuing Education | |

14. In your opinion, what are the major problems that exist at the property?

15. What do you think can be done to solve this problem?

16. In your opinion, what are the major benefits to you living at this property?

17. Is property management responsive when you call about problems with the unit or building? Why or why not?

Optional:

- Are you interested in furthering your education? Yes No

- Are you enrolled in any training or academic programs? Yes No
If yes, please list.

- Are you presently employed? Yes No
If yes, what is your occupation/job?

If no, would you like to find a job? Yes No
In what field?

- Are you receiving public assistance? Yes No

**THANK YOU FOR COMPLETING THIS SURVEY
PLEASE RETURN TO SERVICE COORDINATOR'S OFFICE**