



## Miami-Dade County Needs Assessment



The Metropolitan Center at Florida International University is conducting a survey of Miami-Dade County residents for the purpose of assisting the Miami-Dade County Community Action and Human Services Department in identifying needed services in your community. We would like to obtain answers to the following questions from one family member, 18 years or older, in your household.

Your answers will remain confidential and none of the information you provide will be directly attributed to you. Your feedback is important and greatly appreciated.

What neighborhood do you live in? \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please indicate your County Commission District and Commissioner. Choose one:

- |   |   |  |
|---|---|--|
| <input type="radio"/> District 1 - Barbara J. Jordan  | <input type="radio"/> District 6 - Rebeca Sosa          | <input type="radio"/> District 11 - Joe A. Martinez      |
| <input type="radio"/> District 2 - Jean Monestime     | <input type="radio"/> District 7 - Xavier L. Suarez     | <input type="radio"/> District 12 - Jose "Pepe" Diaz     |
| <input type="radio"/> District 3 - Audrey M. Edmonson | <input type="radio"/> District 8 - Daniella Levine Cava | <input type="radio"/> District 13 - Esteban L. Bovo, Jr. |
| <input type="radio"/> District 4 - Sally A. Heyman    | <input type="radio"/> District 9 - Dennis C. Moss       |  |
| <input type="radio"/> District 5 - Eileen Higgins     | <input type="radio"/> District 10 - Javier D. Souto     | <input type="radio"/> I don't know                       |

### I. COMMUNITY RATINGS

1. Would you say the quality of life in your community is

- ☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor

2. Over the next few years, do you think the quality of life in your community will

- ☐ Improve greatly      ☐ Stay the same      ☐ Get a little worse  
☐ Improve slightly      ☐ Get a lot worse

3. Please indicate your level of agreement with each of the following statements

	STRONGLY AGREE	AGREE SOMEWHAT	NEUTRAL	DISAGREE SOMEWHAT	STRONGLY DISAGREE
I am able to influence decisions affecting my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, my community is a good place to raise children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, my community is a good place for elders to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, my community is a good place to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, my community is a good place to live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. In order of importance, what do you see as the three major ISSUES currently affecting the quality of life in your neighborhood?

Most Important: \_\_\_\_\_

Second Most Important: \_\_\_\_\_

Third Most Important: \_\_\_\_\_

5. Please indicate whether each of the following is a MAJOR PROBLEM, MINOR PROBLEM, or NOT A PROBLEM in your neighborhood

	MAJOR PROBLEM	MINOR PROBLEM	NOT A PROBLEM
Affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low wages/Cost of living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hunger/ Access to healthy food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violent crime(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child abuse and neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elderly abuse and neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic/Racial discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to affordable healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services (adults and children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to services for the elderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic/Road congestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid/Drug/Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to parks and greenspaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to high-performing public schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. In your opinion, which **three** of the following are missing from your community?

- |  |   |
|--|---|
| <input type="checkbox"/> High quality neighborhood schools | <input type="checkbox"/> Necessary infrastructure (i.e. streets, sidewalks, water, sewer) |
| <input type="checkbox"/> Affordable housing                | <input type="checkbox"/> Access to affordable childcare                                   |
| <input type="checkbox"/> Neighborhood convenience stores   | <input type="checkbox"/> Access to affordable healthcare                                  |
| <input type="checkbox"/> Safe and sanitary housing         | <input type="checkbox"/> Senior centers/Services  |
| <input type="checkbox"/> Reliable public transportation    | <input type="checkbox"/> Help in understanding family conflicts/violence                  |
| <input type="checkbox"/> Libraries                         | <input type="checkbox"/> Green market/Healthy food options                                |
| <input type="checkbox"/> Parks/play areas                  | <input type="checkbox"/> Nothing is missing from my community                             |
| <input type="checkbox"/> Living wage local jobs            |   |
| <input type="checkbox"/> Community policing                |   |

## II. HOUSING/FINANCIAL NEEDS

7. In your neighborhood, what is the overall physical condition and quality of housing?

☐ Excellent

☐ Good

☐ Fair

☐ Poor

8. How much do you spend each month on housing (rent/mortgage, utilities, taxes etc.)? \$\_\_\_\_\_

	Yes	No
9. Was the electricity, water, or gas in your home disconnected during the past year due to non-payment?	<input type="radio"/>	<input type="radio"/>
10. Have you been denied housing, a car or home loan, or a job because of poor credit?	<input type="radio"/>	<input type="radio"/>
11. During the past year, have you or other members of your household taken a "Pay Day Loan" or other short term loan to pay for basic living expenses?	<input type="radio"/>	<input type="radio"/>
12. Have you or a member of your household filed for bankruptcy in the last five years?	<input type="radio"/>	<input type="radio"/>
13. In which of the following ranges is your credit score?		
<input type="radio"/> 700 and above	<input type="radio"/> 600-699	<input type="radio"/> Less than 600
<input type="radio"/> I don't know my credit score		

## III. EMPLOYMENT AND JOB SKILLS

	Yes	No
14. Have you or any adult in your household been employed continuously for the last two years?	<input type="radio"/>	<input type="radio"/>
15. In the past 12 months has any adult in your household been out of work?	<input type="radio"/>	<input type="radio"/>
16. In the past 12 months, has any adult in your household looked for a job?	<input type="radio"/>	<input type="radio"/>
17. Has a lack of job skills prevented you or another member of your household from getting a better paying job in the past two years?	<input type="radio"/>	<input type="radio"/>
18. Does any adult member of your household need computer skills to help get a better paying job?	<input type="radio"/>	<input type="radio"/>

## IV. FAMILY ISSUES

19. Please indicate whether the following is a concern in your household:	Yes	No	Not Applicable
Having enough food to feed my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting information to gain skills to help me be a better parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting healthcare or medicine for my child when he/she is sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting my child to attend school on a daily basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting help with my child's behavioral challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting tutoring services for my child or homework assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding childcare for children with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding affordable childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding convenient childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having enough income to support my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information or help in handling family conflict/violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting help with family members who suffer with mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to information and services for unemployed young adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Convenient in-home elderly care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding affordable elderly care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to services for my elderly family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting treatment for family members with substance use disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## V. TRANSPORTATION

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20. Which of the following transportation modes do you use most often?

- ☐ My own/household vehicle    ☐ Bicycle    ☐ Special Transportation Services (STS)  
☐ Public transportation    ☐ Ride-sharing (Uber/Lyft)  
☐ Walking

21. Is there public transportation available in your neighborhood?

- ☐ Yes    ☐ No

## VI. TECHNOLOGY

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22. Which of the following technologies do you use? (Check all that apply)

Computer with Internet access	<input type="radio"/> Yes	<input type="radio"/> No
Cell phone with data capability (smartphone)	<input type="radio"/> Yes	<input type="radio"/> No
Home Internet subscription	<input type="radio"/> Yes	<input type="radio"/> No
Email	<input type="radio"/> Yes	<input type="radio"/> No

23. How long have you had your current phone number?

- ☐ Less than 6 months    ☐ 6 months–1 year    ☐ 1-2 years    ☐ 2+ years

24. Approximately for how long have you been using the same email address? \_\_\_\_\_ years

## VII. ASSISTANCE

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25. Have you contacted a government agency for assistance in the past 12 months?

- ☐ No (Skip to Question 27)    ☐ Yes. Which one(s)? .....

26. What kind of assistance did you **receive**? (e.g. monetary, referral, in kind etc.)? (mark **all** that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Free/Reduced Lunch   | <input type="checkbox"/> Transportation assistance            |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)                       | <input type="checkbox"/> Utility assistance (electricity/gas) |
| <input type="checkbox"/> Women, Infants and Children (WIC)                                      | <input type="checkbox"/> Financial aid for education          |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)                         | <input type="checkbox"/> Other.....                           |
| <input type="checkbox"/> Supplemental Security Income (SSI) or Social Security Disability (SSD) | .....   |
| <input type="checkbox"/> Head Start/Early Head Start  | <input type="checkbox"/> I did not receive assistance         |
| <input type="checkbox"/> Childcare subsidies (VPK, CCDF)  |   |
- ☐ Subsidized housing, vouchers, public housing

27. What other assistance programs are **needed** in your community?

No Need ☐

.....  
.....

## VIII. DEMOGRAPHICS

*These final questions will help us compare responses across groups.*

- [illegible]

37. What is your race/ethnicity? (Mark all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic or Latino                        |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> White/Caucasian                           |
| <input type="checkbox"/> Caribbean American               | <input type="checkbox"/> Other (please specify) .....              |
| <input type="checkbox"/> Haitian American                 |  |

38. What language is most often spoken in your home?

- |                               |  |   |
|-------------------------------|--|---|
| <input type="radio"/> English | <input type="radio"/> Both English and Spanish | <input type="radio"/> Both English and Creole |
| <input type="radio"/> Spanish | <input type="radio"/> Creole                   | <input type="radio"/> Other .....             |

39. Are you presently

- |   |  |
|---|--|
| <input type="radio"/> Employed full time          | <input type="radio"/> Retired but returned to the workforce    |
| <input type="radio"/> Employed part time          | <input type="radio"/> Stay at home, not seeking work currently |
| <input type="radio"/> Unemployed and seeking work | <input type="radio"/> Disabled or too ill to work              |
| <input type="radio"/> Retired and not working     | <input type="radio"/> Other .....                              |

40. Approximately, what is your annual household income?

- ☐ Under \$15,000
- ☐ \$15,000<\$20,000
- ☐ \$20,000<\$25,000
- ☐ \$25,000<\$30,000
- ☐ \$30,000<\$35,000
- ☐ \$35,000<\$40,000
- ☐ \$40,000<\$45,000
- ☐ \$45,000<\$50,000
- ☐ \$50,000 or more