

9a. Home large enough for your household? <input type="checkbox"/> no difficulty <input type="checkbox"/> some difficulty <input type="checkbox"/> serious difficulty	9b. Is this still a problem for you? <input type="checkbox"/> yes <input type="checkbox"/> no
10a. Housing accessible for disabilities? <input type="checkbox"/> no difficulty <input type="checkbox"/> some difficulty <input type="checkbox"/> serious difficulty	10b. Is this still a problem for you? <input type="checkbox"/> yes <input type="checkbox"/> no
11a. Poor credit history? <input type="checkbox"/> no difficulty <input type="checkbox"/> some difficulty <input type="checkbox"/> serious difficulty	11b. Is this still a problem for you? <input type="checkbox"/> yes <input type="checkbox"/> no
12a. Poor rental history? <input type="checkbox"/> no difficulty <input type="checkbox"/> some difficulty <input type="checkbox"/> serious difficulty	12b. Is this still a problem for you? <input type="checkbox"/> yes <input type="checkbox"/> no
13a. Housing discrimination? <input type="checkbox"/> no difficulty <input type="checkbox"/> some difficulty <input type="checkbox"/> serious difficulty	13b. Is this still a problem for you? <input type="checkbox"/> yes <input type="checkbox"/> no

14. What services have you used in the past six months? Choose any that apply.
- rental subsidy public assistance child care assistance
 food shelf/basket public transportation employment services/job training
 have not used any services other services (please list in question 15)

15. If you answered "other services" in question 14 please list the services you used.

16. Are there services that you need but were unable to access? yes no

17. If you answered yes to question #16, please explain why.

18. Do you have children under age 18 living with you? yes no
(If you answer no to this question, please skip to question 26)

19. How many children live in your home? 1 2 3 4 or more

20. Are you a single parent or two-parent household? single two

21. Do the children in your home have satisfactory childcare? yes no

22. Do the children in your home have satisfactory health care? yes no

23. Do the children in your home have adequate play space? yes no

24. Do the children in your home have access to at least one caring adult in addition to you? yes no
25. Are there programs from which your child could benefit but are not currently available? yes no
If so, please list the program(s)
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26. Do you have an adult over age 62 (other than yourself) living with you? yes no
27. If so, are there sufficient supportive services in place? yes no
28. If not, what services would be helpful to you? _____
29. To what extent are you aware of Human Services that are available within the County?
 Extremely aware Somewhat Aware Slightly aware Unaware
30. What services would you like to learn more about? _____

31. Is your monthly income enough to pay essential expenses? yes no
32. What could be done to improve your employment situation? Choose any that apply.
 job training/additional education GED/ESL classes better transportation
 child care assistance internships/work experience more jobs in my field
 my job is fine other suggestions (specify in the box below)
33. If you chose "other suggestions" in question 32, please list suggestions below.
-
34. What Somerset County town and/or neighborhood do you live in? _____
35. How would you rate the quality of life in your Somerset County neighborhood?
 Poor Fair Good Very Good Excellent
36. Is there a park in your neighborhood? Yes No
37. If so, please provide the name of that park. _____
38. If you answered yes to question #35, list any improvements that could be made to that park.
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41. What is the best thing about your neighborhood?

42. What are suggestions you have to improve your neighborhood?

43. What is the hardest challenge you face, either personally or within your neighborhood?

44. How many people live in your household?

- 1 2 3 4 - 5 6 or more

45. What is your annual income? Choose one category.

- Less than \$25,000 \$25,001 - 40,000 \$40,001 - 55,000 \$55,001-\$70,000
 \$70,001-85,000 \$85,001-100,000 \$100,001-150,000 More than \$150,000

46. What is your gender?

- Male Female

47. What is your age? _____

48. What is your race/ethnicity?

- African American Asian American Bosnian Sudanese
 Hispanic/Latino Kurdish Native American Somolian
 European American/White Other _____

49. What is your level of education? Choose the highest range completed.

- Grade 9 or less Grade 10 - 12 High School Graduate
 GED Certificate Tech/Trade School Some College College Graduate
 Graduate School or beyond

46. What is your job status:

- employed, full time employed, part time not employed retired

SOMERSET COUNTY CONSOLIDATED PLAN PRIORITIES
PLEASE SELCT UP TO 3 CHOICES IN EACH SECTION

HOUSING NEEDS		PUBLIC SERVICES	
Downpayment assistance for first time homebuyers	<input type="checkbox"/>	Senior Services	<input type="checkbox"/>
Affordable housing for purchase	<input type="checkbox"/>	Disabled Services	<input type="checkbox"/>
Affordable rental housing	<input type="checkbox"/>	Youth Services	<input type="checkbox"/>
Housing for persons with special needs	<input type="checkbox"/>	Transportation Services	<input type="checkbox"/>
Home modifications for the disabled	<input type="checkbox"/>	Fair Housing Education	<input type="checkbox"/>
Facilities for the homeless	<input type="checkbox"/>	Credit Counseling	<input type="checkbox"/>
Permanent supportive housing	<input type="checkbox"/>	Tenant/Landlord Education	<input type="checkbox"/>
Assistance to Public Housing Authorities	<input type="checkbox"/>	Transportation Services	<input type="checkbox"/>
Removal of Lead-based paint hazards	<input type="checkbox"/>	Substance Abuse Services	<input type="checkbox"/>
		Employment Training	<input type="checkbox"/>
PUBLIC FACILITIES & IMPROVEMENTS		Health Services	<input type="checkbox"/>
Senior Centers	<input type="checkbox"/>	Crime Awareness /Prevention	<input type="checkbox"/>
Youth Centers	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>
Neighborhood Facilities	<input type="checkbox"/>	Childcare Services	<input type="checkbox"/>
Childcare Centers	<input type="checkbox"/>	Energy Conservation	<input type="checkbox"/>
Parks/Recreational Facilities	<input type="checkbox"/>	Services to the homeless	<input type="checkbox"/>
Health Facilities	<input type="checkbox"/>		
Solid Waste Disposal/ Improvements	<input type="checkbox"/>	PLANNING	
Flood/Drainage Improvements	<input type="checkbox"/>	Code Enforcement	<input type="checkbox"/>
Water Improvements	<input type="checkbox"/>	Needs Assessment	<input type="checkbox"/>
Street Improvements	<input type="checkbox"/>	Feasibility Study	<input type="checkbox"/>
Sidewalk Improvements	<input type="checkbox"/>		<input type="checkbox"/>
Sewer Improvements	<input type="checkbox"/>		<input type="checkbox"/>
Handicapped Accessibility	<input type="checkbox"/>		
Historic Preservation	<input type="checkbox"/>		
	<input type="checkbox"/>		
OTHER (You provide as many as 3)			<input type="checkbox"/>

Thank you very much for sharing your opinion! Please return your completed survey to:

Tracey Rizk, Program Specialist
Somerset County Community Development
27 Warren Street
PO Box 3000
Somerville, NJ 08876

Phone: 908-541-5756 (voice or TTY)
Fax: 908-704-1629
Website: www.co.somerset.nj.us
Email: rizk@co.somerset.nj.us

If you would like to talk to someone at the Somerset County about any questions you have, please list your name and address or telephone number here.