Customer Survey

Surveys will be provided to the grantee at least 30 days prior to the on-site review. Grantee will distribute surveys to customers along with an envelope so that responses will be kept confidential. Responses should be returned to the program analyst before the completion of the review.

The questions below are intended to gather information on what steps should be taken to increase the quality of services provided by local agencies. Your responses will help us to make sure the right mix of services and activities are provided to stabilize families, improve self-sufficiency and revitalize communities. Your assistance in completing this survey is appreciated. Please answer all the questions. Your responses will be kept confidential.

If you have a concern, please write to:

NYS Department of State
Division of Community Services
One Commerce Plaza
99 Washington Avenue, Suite 640
Albany, NY 12231

Please check the following:

1. Gender: ☐ Male ☐ Female

2. Age Group: ☐ Under 18 ☐ 18-23 ☐ 24-44 ☐ 45-54 ☐ 55-65 ☐ 66+

3. Race/Ethnicity: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Native American ☐ Multi Race
   Other (please specify): _____

4. Work Status: ☐ Employed ☐ Unemployed ☐ Retired

5. How did you learn about the agency?
   ☐ Family/friend ☐ Agency brochure ☐ Media
   ☐ Referred by another agency ☐ Internet
   Other (please specify): _____

6. How many times have you received services from the agency?
   ☐ First Visit ☐ 2-4 times ☐ 5+ times
   Other (please specify): _____

7. What types of assistance have you or your family received from this agency? (Check all that apply)
   ☐ Employment Related Services ☐ Housing Related Services ☐ Food and Nutrition Services
   ☐ Emergency Shelter ☐ Crisis Intervention ☐ Health Care and Health Insurance
   ☐ Child Care ☐ Head Start ☐ Child and Youth Services
   ☐ Domestic Violence Services ☐ Services for Senior Citizens ☐ Transportation Services
   ☐ Small Business Start-up ☐ First Time Homeowners ☐ Foreclosure Prevention
   ☐ ESL (English as a Second Language) ☐ GED ☐ Literacy/Tutoring
   ☐ Financial Literacy ☐ Budget Counseling ☐ Utilities Assistance/HEAP
   ☐ Income Tax Assistance ☐ Applying for Benefits
   Other (please specify - optional): _____

8. Did you fill out more than one intake or application form to receive multiple services? ☐ Yes ☐ No

9. When you first came to the agency did you complete a comprehensive assessment to document all the needs of yourself and your household? ☐ Yes ☐ No

10. Have you received a referral to another agency for a program or service not offered by this agency? ☐ Yes ☐ No

11. Did the services provided by this agency or by referral meet your needs? ☐ Yes ☐ No

12. If no, please explain:

13. Were you treated courteously? ☐ Yes ☐ No

14. Was your privacy respected? ☐ Yes ☐ No

15. Were multilingual services or staff available if needed? ☐ Yes ☐ No ☐ Not Applicable

16. Was the customer service area comfortable and welcoming? ☐ Yes ☐ No

17. Do the locations and hours of agency operation make it easy to obtain services? ☐ Yes ☐ No

18. If no, please explain:

19. Were you asked to complete a satisfaction survey after you were assisted by the agency? ☐ Yes ☐ No

20. Have you been asked to participate in the following:
    - Needs assessment process or survey ☐ Yes ☐ No
    - Strategic planning process (focus group or survey) ☐ Yes ☐ No
    - Program design process ☐ Yes ☐ No
    - Program evaluation process ☐ Yes ☐ No
    - Volunteer activity ☐ Yes ☐ No
    - Serve on the board of directors or advisory council ☐ Yes ☐ No

21. Do you believe the agency helped to improve the conditions in which low-income people live?
    ☐ Yes ☐ No ☐ Unable to tell ☐ No opinion

22. What suggestions do you have to improve the quality of services provided by the agency?

Thank you. Your participation is appreciated.

Encuesta

Los cuestionarios serán entregados a la agencia por lo menos 30 días antes de la evaluación. La agencia entregará a cada participante la encuesta con su sobre, para mantener la confidencialidad de sus respuestas.
Las respuestas deben ser devueltas al analista de programas antes de la finalización de la revisión.

Las siguientes preguntas están destinadas a recoger información sobre las medidas que deben adoptarse para aumentar la calidad de los servicios prestados por las agencias locales.
Sus respuestas nos ayudarán a asegurar la combinación adecuada de servicios y actividades que se ofrecen a las familias, mejorar la autosuficiencia y la revitalización de las comunidades. Su ayuda en la realización de esta encuesta será apreciada. Por favor conteste todas las preguntas. Sus respuestas serán confidenciales.

De tener usted alguna inquietud, por favor escriba a:

NYS Department of State
Division of Community Services
One Commerce Plaza
99 Washington Avenue, Suite 640
Albany, NY 12231

Favor de contestar cada pregunta:

1. Sexo: ☐ Masculino ☐ Femenino

2. Edad: ☐ Menos de 18 ☐ 18-23 ☐ 24-44 ☐ 45-54 ☐ 55-65 ☐ Más de 66

3. Raza/Étnico: ☐ Blanco ☐ Afro-Amer. ☐ Hispano/Latino ☐ Asiático ☐ Indio-Americano
☐ Mult. Racial ☐ Otra identificación

4. Estatus de empleo: ☐ Empleado ☐ Desempleado ☐ Retirado

5. ¿Cómo se enteró de nuestra agencia?
☐ Familia/Amigo ☐ Catálogo de la agencia ☐ Medios de Comunicación
☐ Referido por otra agencia ☐ Internet ☐ Otros medios _____

6. ¿Cuántas veces ha recibido servicios de esta agencia?
☐ Primera visita ☐ 2-4 veces ☐ 5 o más
☐ Otros: _____

7. ¿Qué tipos de ayuda usted o su familia recibió de esta agencia? (marque lo que corresponda)
☐ Servicios relacionados con el empleo ☐ Servicios relacionados con la vivienda ☐ Alimentación y nutrición
☐ Refugios de emergencia ☐ intervención en crisis ☐ Asistencia sanitaria y seguro de salud
☐ Cuidado de niños ☐ Head Start ☐ Niños y juventud
☐ Servicios de Violencia Doméstica ☐ Servicios para personas mayores ☐ Servicios de transporte
☐ La pequeña empresa la puesta en marcha ☐ Dueños de casa / primera vez ☐ Prevención de ejecución hipotecaria
☐ ESL (Inglés como Segundo Idioma) ☐ GED ☐ Alfabetización/tutoría
☐ Educación Financiera ☐ Presupuesto de asesoramiento ☐ Utilidades de asistencia/HEAP
☐ Ingresos ayuda tributaria ☐ Solicitar beneficios
☐ Otros (por favor especifique - opcional): _____

8. ¿Llenó usted más de un formulario de solicitud para recibir servicios múltiples? ☐ Si ☐ No

9. ¿Cuando usted llegó por primera vez a la agencia, completó una evaluación total exhaustiva para documentar todas las necesidades de usted y su familia? ☐ Sí ☐ No

10. ¿Recibió usted un referido a otra agencia para un programa o un servicio no ofrecido por esta agencia? ☐ Sí ☐ No

11. ¿Los servicios prestados por esta agencia o por la agencia que fue referido, compensaron sus necesidades? ☐ Sí ☐ No

12. Si contesta no, por favor explique:

13. ¿Se le trato cortésmente? ☐ Sí ☐ No

14. ¿Fue su privacidad respetada? ☐ Sí ☐ No

15. ¿Estaban disponibles, en caso de necesidad, los servicios bilingües o del personal. ☐ Sí ☐ No ☐ No me Aplica

16. ¿Fue el área de servicio al cliente cómodo y acogedor? ☐ Sí ☐ No

17. ¿Se le hizo fácil la localidad y el horario de esta oficina para obtener servicios? ☐ Sí ☐ No

18. Si contesta no, por favor explique:

19. ¿Se le pedirá que complete una encuesta de satisfacción después de haber sido asistido por la agencia? ☐ Sí ☐ No

20. Le han preguntado si quiere participar en las siguientes áreas:
    - Proceso de evaluación o encuestas ☐ Sí ☐ No
    - Proceso de planificación estratégica (grupos de discusión o encuestas). ☐ Sí ☐ No
    - Programa de proceso de diseño ☐ Sí ☐ No
    - Evaluación de programas ☐ Sí ☐ No
    - Actividades Voluntarias ☐ Sí ☐ No
    - Servir en la Junta de Directores
    - Servir en el junta de directores o consejo consultivo ☐ Sí ☐ No

21. ¿Cree usted que la agencia ha ayudado a mejorar las condiciones en las cuales las personas de bajos ingresos viven? ☐ Sí ☐ No ☐ Incapaz de decir ☐ No tengo opinión

22. ¿Qué sugerencias tiene usted para mejorar la calidad de los servicios prestados por esta agencia?

Gracias. Su participación es muy apreciada.

Welcome!

Welcome to the Board of Directors, Head Start Policy Council, CAP Advisory Council, Youth Council, Staff, and Volunteer Survey!

When you complete and submit this survey, the information you share will provide the Economic Opportunity Commission of Nassau County, Inc. with your thoughts on local conditions, economic opportunities and barriers for all residents who are at risk of remaining or becoming economically insecure. This information will help us identify community strengths and needs and expand opportunities for Nassau County residents.

You can navigate through the pages of the survey using the 'Previous' and 'Next' buttons at the bottom of the page.

Please do NOT use the back and forward arrows in your browser, as you will lose your work.

Click the 'next' button below to get started!

* 1. What is your role within the agency? Please check one.

- ◯ Board of Directors
- ◯ Board of Directors Alternate
- ◯ Head Start Policy Council
- ◯ CAP Advisory Council
- ◯ Youth Council
- ◯ Volunteer
- ◯ Staff
- ◯ Other (please specify)

[ ]

1b As a Board member / Board member Alternate, what sector do you represent?

- ◯ Community Representative
- ◯ Public Sector
- ◯ Private Sector

* 2. How long have you been a part of the Economic Opportunity Commission of Nassau County, Inc.?

- ◯ Less than 1 year
- ◯ 1-5 years
- ◯ 6-10 years
- ◯ 11-15 years
- ◯ 16-20 years
- ◯ 21+ years

* 3. How would you rate your knowledge of the Economic Opportunity Commission of Nassau County, Inc.'s programs and services?

- ◯ Extremely Knowledgeable
- ◯ Very Knowledgeable
- ◯ Somewhat Knowledgeable
- ◯ Not at all Knowledgeable

* 4. Please list three positive aspects of living in the Nassau County.

First positive aspect:

Second positive aspect:

Third positive aspect:

* 5. Please list three challenging aspects of living in Nassau County.

First challenging aspect:

Second challenging aspect:

Third challenging aspect:

* 6. What do you think are the FIVE most pressing needs of individuals and families with low-incomes in Nassau County?

- [ ] Adult Education / Literacy
- [ ] Child Care
- [ ] Dental Care
- [ ] Domestic Violence Assistance
- [ ] Early Childhood Learning Opportunities
- [ ] Energy Conservation/Savings
- [ ] Family Counseling
- [ ] Financial Assistance
- [ ] Food Assistance
- [ ] Health Care
- [ ] Heating / Utility Assistance
- [ ] Home Repair Programs
- [ ] Job Skills / Employment Training
- [ ] Mental Health Services
- [ ] Parenting Education
- [ ] Safe, Affordable Housing
- [ ] Safety / Crime Prevention
- [ ] Senior Citizens Services
- [ ] Substance Abuse Assistance
- [ ] Summer Recreation Programs
- [ ] Transportation
- [ ] Veteran Services
- [ ] Youth Programs
- [ ] Other (please specify)

* 7. What do you think will be the 5 most challenging community issues that individuals and families with low-incomes in Nassau County will face in the next three years?

- [ ] Adult Education / Literacy
- [ ] Child Care
- [ ] Dental Care
- [ ] Domestic Violence Assistance
- [ ] Early Childhood Learning Opportunities
- [ ] Energy Conservation/Savings
- [ ] Family Counseling
- [ ] Financial Assistance
- [ ] Food Assistance
- [ ] Health Care
- [ ] Heating / Utility Assistance
- [ ] Home Repair Programs
- [ ] Job Skills / Employment Training
- [ ] Mental Health Services
- [ ] Parenting Education
- [ ] Safe, Affordable Housing
- [ ] Safety / Crime Prevention
- [ ] Senior Citizens Services
- [ ] Substance Abuse Assistance
- [ ] Summer Recreation Programs
- [ ] Transportation
- [ ] Veteran Services
- [ ] Youth Programs
- [ ] If you selected "Other" above - please specify here.

[ ]

Through partnerships, programs, and services, low-income individuals and families achieve self-sufficiency.

* 8. Above is the recommended mission statement of our agency. Do you feel that this mission statement accurately represents the work of the organization?

- ◯ The mission statement accurately represents the organization's work.
- ◯ The mission statement somewhat represents the organization's work.
- ◯ The mission statement does not represent the organization's work.

* 9. If the Economic Opportunity Commission of Nassau County, Inc. had unlimited resources (e.g., money; staff time, facilities; etc.); what community needs should we address?

* 10. What growth opportunities do you feel the agency could or should address in the future? (Select all that apply)

- ☐ Advocacy
- ☐ Board Development/Training
- ☐ Fund Development
- ☐ Leadership Training
- ☐ Marketing
- ☐ Other (please specify)
- ☐ Program Development
- ☐ Staff Development
- ☐ Staff Retention
- ☐ Communication
- ☐ Use of Technology

* 11. Are there any other thoughts or comments you would like to add? Please indicate them below:

Thank you!

Thank you for completing this survey. Your feedback is important and will help the Economic Opportunity Commission (EOC) of Nassau County, Inc. better understand community needs, challenges, and gaps in services across Nassau County. We appreciate your time and participation.

Eric Poulson
Chief Executive Officer

Brian G. Staley, Sr.
Chairperson

Community Needs Assessment

Welcome to the Board of Directors, Head Start Policy Council, CAP Advisory Council, Youth Council, Staff, and Volunteer Survey!

As an *EOC Head Start Policy Council member*, we are seeking your input into the mission, opportunities, and challenges for EOC from a Policy Council member perspective.

As a resident of Nassau County, we ask that you complete the second survey as well. This information will provide the EOC of Nassau County, Inc. with your thoughts on local conditions, economic opportunities and barriers for all residents who are at risk of remaining or becoming economically insecure. This information will help us identify community strengths, service gaps, and potentially expand program opportunities for Nassau County children and families.

Board of Directors
Head Start Policy Council
Advisory Council
Youth Council
Volunteers
EOC Staff

Community Members

Questions or Concerns?
Please contact MelRose B. Corley, EOC Deputy Director of Program Operations
(516) 292-9710 ext. 1306 mcorley@eoc-nassau.org

Eric Poulson
Chief Executive Officer

Brian G. Staley, Sr.
Chairperson

2026 Community Needs Assessment EOC Partners

Welcome to the EOC 2026 Community Needs Assessment

As a partner of the EOC of Nassau County, we ask that you complete a community needs assessment survey from the perspective as an EOC Partner. This information will provide the EOC of Nassau County, Inc. with your thoughts on local conditions, economic opportunities and barriers for all residents who are at risk of remaining or becoming economically insecure. This information will also help us identify how we, as partners, can continue to work together on behalf of Nassau County residents.

Partners

Questions or Concerns?
Please contact MelRose B. Corley, EOC Deputy Director of Program Operations
(516) 292-9710 ext. 1306 mcorley@eoc-nassau.org

Eric Poulson
Chief Executive Officer

Brian G. Staley, Sr.
Chairperson

2026 Community Needs Assessment

Welcome to the EOC 2026 Community Needs Assessment

As a resident of Nassau County, we ask that you complete the second survey as well. This information will provide the EOC of Nassau County, Inc. with your thoughts on local conditions, economic opportunities and barriers for all residents who are at risk of remaining or becoming economically insecure. This information will help us identify community strengths, service gaps, and potentially expand program opportunities for Nassau County youth.

A paper copy is also availabe for you to use to write your answers.

Community Members

Questions or Concerns?
Please contact MelRose B. Corley, EOC Deputy Director of Program Operations
(516) 292-9710 ext. 1306 mcorley@eoc-nassau.org

Eric J. Poulson
Chief Executive Officer

Brian G. Staley, Sr.
Chairperson

Economic Opportunity Commission of Nassau County, Inc.
134 Jackson Street, Hempstead, NY 11550
P: (516) 292-9710 F: (516) 292-3176
www.eoc-nassau.org

2026 Community Needs Assessment

When you complete and submit this survey, the information you share will help the Economic Opportunity Commission (EOC) of Nassau County, Inc. better understand community conditions, economic opportunities, challenges, and gaps in services that may affect individuals and families in Nassau County, New York. Your feedback will help us better understand the needs of the community.

For questions or oncerns, please contact
MelRose B. Corley, EOC Deputy Director of Program Operations
(516) 292-9710 ext. 1306 mcorley@eoc-nassau.org

1. What is your zip code?

2. What is your age group?

- ○ 18 - 24
- ○ 25 - 34
- ○ 35 - 44
- ○ 45 - 54
- ○ 55 - 64
- ○ 65 - 74
- ○ 75+

3. What is your gender?

- ○ Male
- ○ Female

4. What is your race / ethnicity (Select all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian or Asian American
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

5. What is your household size?

- ○ 1
- ○ 2
- ○ 3 - 4
- ○ 5 - 6
- ○ 7+

6. Do you have children under 18 in your household?

- ○ Yes
- ○ No

7. What is your current housing situation?

- ○ Rent
- ○ Own
- ○ Staying with family or friends
- ○ Temporary housing or in a shelter
- ○ Homeless

8. In the past 12 months have you had difficulty paying for housing?

- ○ Yes
- ○ No

9. Which of the following have been challenges for you? (Select all that apply)

- ☐ Rent/Mortgage
- ☐ Utilities (electric, gas, heat, water)
- ☐ Food
- ☐ Transportation
- ☐ Childcare
- ☐ Healthcare
- ☐ Internet access
- ☐ None of the above

Other (please specify)

10. How often do you worry about having enough food?

- ○ Always
- ○ Usually
- ○ Sometimes
- ○ Rarely
- ○ Never

11. What is your current employment status?

- ○ Full-time
- ○ Part-time
- ○ Self-employed
- ○ Unemployed
- ○ Retired
- ○ Student

12. What challenges do you face in finding or keeping a job? (Select all that apply.)

- ☐ Lack of jobs
- ☐ Lack of skills / training
- ☐ Transportation
- ☐ Childcare
- ☐ Criminal record
- ☐ Health issues
- ☐ Language barriers
- ☐ Other (please specify)

  _____

- ☐ None of the above

13. Would you be interested in job training or employment?

- ○ Yes
- ○ No

14. Do you currently have health insurance?

- ○ Yes
- ○ No

15. In the past 12 months, did you delay medical care due to cost?

- ○ Yes
- ○ No

16. What health services do you need most? (Select all that apply.)

- ☐ Primary care
- ☐ Mental health services
- ☐ Substance abuse support
- ☐ Dental care
- ☐ Vision care
- ☐ Maternal care
- ☐ Nutrition support

Other (please specify)

_____

17. What is your highest level of education?

- ○ Less than high school
- ○ High School / GED
- ○ Some college
- ○ Associate Degree
- ○ Bachelor's Degree or higher

18. What educational services would benefit you or your family?

- ○ GED program
- ○ Job training
- ○ College access
- ○ After-school program
- ○ Early childhood program
- ○ Financial Literacy
- ○ Other (please specify)

[ ]

19. What type of transportation do you primarily use?

- ○ Public transportation
- ○ Personal vehicle
- ○ Rides from others
- ○ Ride-share (Uber / Lyft)
- ○ Access A Ride
- ○ None of the above

20. Is transportation a barrier for you?

- ○ Yes
- ○ No

21. Have you heard of the Economic Opportunity Commission (EOC) of Nassau County Inc. before this survey?

- ○ Yes
- ○ No

22. Have you used our services?

- ○ Yes
- ○ No

23. If yes, which programs have you used? (Select all that apply)

- [ ] Head Start
- [ ] Re-entry / Community Credible Messenger Initiative (CCMI)
- [ ] Food Pantry
- [ ] Soccer Program
- [ ] After School Program
- [ ] Other Youth Programs
- [ ] Displaced Homemaker Program
- [ ] Rapid ReHousing / Permanent Supportive Housing
- [ ] Medicaid 1115 Waiver Program / HEALI
- [ ] Senior Citizen Program
- [ ] Other (please specify)

24. How satisfied were you with the services?

- ○ Very satisfied
- ○ Satisfied
- ○ Neither satisfied nor dissatisfied
- ○ Dissatisfied
- ○

25. If disatisfied, please explain.

26. Within the past 12 months, did you worry that your food would run out before you had more money to buy more?

- ○ Often true
- ○ Sometimes true
- ○ Never true

27. Within the past 12 months, did the food you bought not last, and you didn't have money to get more?

- ○ Often true
- ○ Sometimes true
- ○ Never true

28. In the past 30 days, have you skipped meals or eaten less tha n you felt you should because of lack of money?

- ○ Yes
- ○ No

29. What is your current housing situation?

- ○ Stable housing
- ○ Temporary (staying with others)
- ○ Shelter or transitional housing
- ○ No stable housing

30. Are you worried about losing your housing in the next 90 days

- ○ Yes
- ○ No

31. In the past 12 months, have you experienced any of the following? (Select all that apply)

- ○ Eviction
- ○ Notice of eviction
- ○ Told I had to move
- ○ Utility shut-off
- ○ Overcrowded living conditions
- ○ None of the above

32. In the past 12 months, has your utility services (electric, gas, water) been shut off due to inability to pay?

- ○ Yes
- ○ No

33. In the past 12 months, have you had to choose between paying for utilities and other basic needs (food, rent, medicine)?

- ○ Yes
- ○ No

34. In the past 12 months, has lack of transportation prevented you from (Select all that apply)

- [ ] Getting to work
- [ ] Attending medical appointments
- [ ] Accessing food or groceries
- [ ] Attending school or training
- [ ] Other (please specify)

35. In the past 12 months did you delay or miss medical care due to (Select all that apply)

- [ ] Cost
- [ ] Lack of insurance
- [ ] Transportation
- [ ] Unable to get appointment
- [ ] Childcare issues
- [ ] None of the above

36. How often do you feel stressed about meeting basic needs (food, clothing, housing, bills)?

- ○ Always
- ○ Most of the time
- ○ Sometimes
- ○ Rarely
- ○ Never

37. Do you feel safe in your home and community?

- ○ Always
- ○ Most of the time
- ○ Sometimes
- ○ Rarely
- ○ Never

38. In the past 12 months, have you experienced or been concerned a bout violence in your home or neighborhood?

- ○ Yes
- ○ No
- ○ Prefer not to answer

39. Do you have reliable access to the internet at home?

- ○ Yes
- ○ No

40. Do you have access to a working computer, tablet, or smartphone?

- ○ Yes
- ○ No

41. In the past 12 months, has lack of childcare prevented you fro m working, attending school, or appointments?

- ○ Yes
- ○ No
- ○ Not applicable

42. Which of the following needs are MOST urgent for you right now? (Select up to 3)

- ☐ Food assistance
- ☐ Housing support
- ☐ Utility assistance
- ☐ Transportation
- ☐ Healthcare
- ☐ Mental health support
- ☐ Childcare
- ☐ Employment / job training
- ☐ None of the above

43. What is your biggest challenge you or your family are facing right now?

44. What services or programs would make the biggest difference in your life?

45. Is there anything else you would like us to know?

46. Would you like to participate in a focus group or future discussion about the topics in this questionnaire? (If yes, please provide your contact information below.)

- ○ Yes
- ○ No

47. Would you like help with any of the needs you selected? (If yes, please provide your contact information below.)

- ○ Yes
- ○ No

48. How may we contact you? (Please provide your contact information)

- ○ Email
- ○ Cell Phone
- ○ I would like to come to your office

49. Name

_____

50. Home Address, City, Zip Code

_____

51. Telephone Number __(_____) _ _ _ - _ _ _ _

52. Email address _____

Thank you for completing this survey. Your feedback is important and will help the Economic Opportunity Commission (EOC) of Nassau County, Inc. better understand community needs, challenges, and gaps in services across Nassau County.

We appreciate your time and participation.

Eric J. Poulson,
Director Ejecutivo

Brian G. Staley, Sr.
Presidente

Comisión de Oportunidades Económicas del Condado de Nassau, Inc.
134 Jackson Street, Hempstead, NY 11550
Teléfono: (516) 292-9710 Fax: (516) 292-3176
www.eoc-nassau.org

Evaluación de las Necesidades de la Comunidad de 2026

Al completar y enviar esta encuesta, la información que comparta ayudará a la Comisión de Oportunidades Económicas (EOC) del Condado de Nassau, Inc. a comprender mejor las condiciones de la comunidad, las oportunidades económicas, los desafíos y las deficiencias en los servicios que pueden afectar a las personas y familias del Condado de Nassau, Nueva York. Sus comentarios nos ayudarán a comprender mejor las necesidades de la comunidad.

Para preguntas o consultas, comuníquese con MelRose B. Corley, Directora de Operaciones del Programa de EOC, al (516) 292-9710 ext. 1306 o a mcorley@eoc-nassau.org.

1. ¿Cuál es su código postal?

2. ¿A qué grupo de edad perteneces?

- ○ 18-24
- ○ 25-34
- ○ 35-44
- ○ 45-54
- ○ 55-64
- ○ 65-74
- ○ 75+

3. ¿Cuál es tu género?

- ○ Hombre
- ○ Mujer

4. ¿Cuál es su raza/etnia? (Seleccione todas las que correspondan)

- ☐ Indio Americano o Nativo de Alaska
- ☐ Asiático o Asiático-Americano
- ☐ Negro o Afroamericano
- ☐ Hispano o Latino
- ☐ Medio Oriente o norte de África
- ☐ Nativo Hawaiano u otro isleño del Pacífico
- ☐ Blanco

5. ¿Cuál es el tamaño de su hogar?

- ○ 1
- ○ 2
- ○ 3 - 4
- ○ 5 - 6
- ○ 7+

6. ¿Tiene usted hijos menores de 18 años en su hogar?

- ○ Sí
- ○ No

7. ¿Cuál es su situación actual de vivienda?

- ○ Alquilar
- ○ Comprar
- ○ Alojarse con familiares o amigos
- ○ Vivienda temporal o en un albergue
- ○ Sin hogar

8. ¿Ha tenido dificultades para pagar la vivienda en los últimos 12 meses?

- ○ Sí
- ○ No

9. ¿Cuáles de los siguientes han sido desafíos para usted? (Seleccione todas las opciones que correspondan)

- [ ] Alquiler/Hipoteca
- [ ] Servicios públicos (electricidad, gas, calefacción, agua)
- [ ] Alimentación
- [ ] Transporte
- [ ] Cuidado de niños
- [ ] Atención médica
- [ ] Acceso a Internet
- [ ] Ninguna de las anteriores

Otro (especifique)

10. ¿Con qué frecuencia te preocupas por no tener suficiente comida?

- ○ Siempre
- ○ Por lo general
- ○ A veces
- ○ Rara vez
- ○ Nunca

11. ¿Cuál es su situación laboral actual?

- ○ Tiempo completo
- ○ Tiempo parcial
- ○ Trabajador autónomo
- ○ Desempleado Jubilado
- ○ Estudiante

12. ¿Qué dificultades enfrenta para encontrar o conservar un empleo? (Seleccione todas las opciones que correspondan).

- ☐ Falta de empleo
- ☐ Falta de habilidades/formación
- ☐ Transporte
- ☐ Cuidado de niños
- ☐ Antecedentes penales
- ☐ Problemas de salud
- ☐ Barreras lingüísticas
- ☐ Otro (especifique)

☐ Ninguna de las anteriores

13. ¿Le interesaría recibir formación laboral o encontrar empleo?

- ○ Sí
- ○ No

14. ¿Actualmente tiene seguro médico?

- ○ Sí
- ○ No

15. En los últimos 12 meses, ¿retrasó la atención médica debido al costo?

- ○ Sí
- ○ No

16. ¿Qué servicios de salud necesita usted más? (Seleccione todos los que correspondan).

- ☐ Atención primaria
- ☐ Servicios de salud mental
- ☐ Apoyo para el abuso de sustancias
- ☐ Atención dental
- ☐ Cuidado de la vista
- ☐ Salud materna
- ☐ Apoyo nutricional

Otro (especifique)

17. ¿Cuál es su nivel educativo más alto?

- ○ Menos de la escuela
- ○ secundaria Escuela
- ○ secundaria / GED Algunos
- ○ estudios universitarios
- ○ Título de asociado
- Licenciatura o superior

18. ¿Qué servicios educativos le beneficiarían a usted o a su familia?

- ○ Programa GED
- ○ Capacitación laboral
- ○ Acceso a la universidad
- ○ Programa extraescolar
- ○ Programa para la primera infancia
- ○ Alfabetización financiera
- ○ Otro (especifique)

[ ]

19. ¿Qué tipo de transporte utiliza usted principalmente?

- ○ Transporte público
- ○ Vehículo particular
- ○ Viajes de terceros
- ○ Viajes compartidos (Uber/Lyft)
- ○ Access A Ride
- ○ Ninguna de las anteriores

20. ¿El transporte supone un obstáculo para usted?

- ○ Sí
- ○ No

21. ¿Ha oído hablar de la Comisión de Oportunidades Económicas (EOC) del Condado de Nassau Inc. antes de esta encuesta?

- ○ Sí
- ○ No

22. ¿Ha utilizado nuestros servicios?

- ○ Sí
- ○ No

23. En caso afirmativo, ¿qué programas ha utilizado? (Seleccione todos los que correspondan)

- ☐ Salida con ventaja
- ☐ Reinserción / Iniciativa de Mensajeros Comunitarios Confiables (CCMI)
- ☐ Despensa de Alimentos
- ☐ Programa de Fútbol
- ☐ Programa Extraescolar Otros Programas para Jóvenes
- ☐ Programa para Amas de Casa
- ☐ Desplazadas Reubicación Rápida / Vivienda de Apoyo Permanente
- ☐ Programa de Exención Medicaid 1115 / Programa HEALI para Ciudadanos Mayores
- ☐ Otro (especifique)

24. ¿Qué tan satisfecho/a estuvo con los servicios?

- ○ Muy satisfecho
- ○ Satisfecho
- ○ Ni satisfecho ni insatisfecho
- ○ Insatisfecho
- ○

25. Si no está satisfecho, por favor explique.

26. En los últimos 12 meses, ¿le preocupó que se le acabara la comida antes de tener más dinero para comprar más?

- ○ A menudo cierto
- ○ A veces cierto
- ○ Nunca cierto

27. En los últimos 12 meses, ¿la comida que compraste no te duró y no tenías dinero para comprar más?

- ○ A menudo cierto
- ○ A veces cierto
- ○ Nunca cierto

28. En los últimos 30 días, ¿ha omitido comidas o comido menos de lo que creía que debía debido a la falta de dinero?

- ○ Sí
- ○ No

29. ¿Cuál es su situación actual de vivienda?

- ○ Vivienda estable
- ○ Vivienda temporal (alojamiento con otras personas)
- ○ Refugio o vivienda transitoria
- ○ Sin vivienda estable

30. ¿Le preocupa perder su vivienda en los próximos 90 días?

- ○ Sí
- ○ No

31. En los últimos 12 meses, ¿ha experimentado alguno de los siguientes? (Seleccione todas las opciones que correspondan)

- ☐ Desalojo
- ☐ Aviso de desalojo
- ☐ Me dijeron que tenía que mudarme
- ☐ Corte de servicios públicos
- ☐ Condiciones de vivienda de hacinamiento
- ☐ Ninguna de las anteriores

32. En los últimos 12 meses, ¿le han cortado los servicios públicos (electricidad, gas, agua) por falta de pago?

- ○ Sí
- ○ No

33. En los últimos 12 meses, ¿ha tenido que elegir entre pagar los servicios públicos y otras necesidades básicas (alimentos, alquiler, medicamentos)?

- ○ Sí
- ○ No

34. En los últimos 12 meses, ¿la falta de transporte le ha impedido (Seleccione todas las opciones que correspondan)?

- ☐ Ir al trabajo
- ☐ Asistir a citas médicas
- ☐ Acceder a alimentos o comestibles
- ☐ Asistir a la escuela o capacitación
- ☐ Otro (especifique)

[ ]

35. En los últimos 12 meses, ¿retrasó o faltó a atención médica debido a (Seleccione todas las opciones que correspondan)?

- ☐ Costo
- ☐ Falta de seguro
- ☐ Transporte
- ☐ No poder conseguir cita Problemas
- ☐ con el cuidado de los niños
- ☐ Ninguna de las anteriores

36. ¿Con qué frecuencia se siente estresado por cubrir sus necesidades básicas (alimentación, ropa, vivienda, facturas)?

- ○ Siempre
- ○ La mayor parte del tiempo
- ○ A veces
- ○ Rara vez
- ○ Nunca

37. ¿Te sientes seguro en tu hogar y en tu comunidad?

- ○ Siempre
- ○ La mayoría de las veces
- ○ A veces
- ○ Rara vez
- ○ Nunca

38. En los últimos 12 meses, ¿ha experimentado o le ha preocupado la violencia en su hogar o vecindario?

- ○ Sí
- ○ No
- ○ Prefiero no responder

39. ¿Tiene usted acceso fiable a Internet en casa?

- ○ Sí
- ○ No

40. ¿Tiene acceso a una computadora, tableta o teléfono inteligente que funcione?

- ○ Sí
- ○ No

41. En los últimos 12 meses, ¿la falta de cuidado infantil le ha impedido trabajar, asistir a la escuela o a citas médicas?

- ○ Sí
- ○ No
- ○ No aplica

42. ¿Cuál de las siguientes necesidades es la más urgente para usted en este momento? (Seleccione hasta 3)

- ☐ Asistencia alimentaria
- ☐ Apoyo para la vivienda
- ☐ Asistencia para servicios públicos
- ☐ Transporte
- ☐ Atención médica
- ☐ Apoyo para la salud mental
- ☐ Cuidado infantil
- ☐ Empleo/formación laboral
- ☐ Ninguna de las anteriores

43. ¿Cuál es el mayor desafío al que usted o su familia se enfrentan en este momento?

44. ¿Qué servicios o programas marcarían la mayor diferencia en tu vida?

45. ¿Hay algo más que le gustaría que supiéramos?

46. ¿Le gustaría participar en un grupo focal o en una futura discusión sobre los temas de este cuestionario? (En caso afirmativo, por favor, proporcione su información de contacto a continuación).

- ○ Sí
- ○ No

47. ¿Le gustaría recibir ayuda con alguna de las necesidades que ha seleccionado? (En caso afirmativo, por favor, proporcione su información de contacto a continuación).

- ○ Sí
- ○ No

48. ¿Cómo podemos ponernos en contacto con usted? (Por favor, facilite su información de contacto)

- ○ Correo electrónico
- ○ Teléfono móvil
- ○ Me gustaría ir a su oficina

49. Nombre

_____

50. Dirección Particular, Ciudad, Código Postal

_____

51. Número de teléfono __(_____) __ __ __ - __ __ __ __

52. Dirección de correo electrónico

_____

Gracias por completar esta encuesta. Sus comentarios son importantes y ayudarán a la Comisión de Oportunidades Económicas (EOC) del Condado de Nassau, Inc. a comprender mejor las necesidades, los desafíos y las deficiencias en los servicios de la comunidad en todo el Condado de Nassau.

Agradecemos su tiempo y participación.

Welcome

Welcome to our Community Partner Survey!

When you complete and submit this survey, the information you share will provide the Economic Opportunity Commission (EOC) of Nassau County, Inc. with your thoughts on local conditions, economic opportunities, and barriers for all residents who are at risk of remaining or becoming economically insecure. This information will help us identify community strengths, and needs and expand opportunities for Nassau County County residents.

You can navigate through the pages of the survey using the 'Previous' and 'Next' buttons at the bottom of the page.

Please do NOT use the back and forward arrows in your browser, as you will lose your work.

Click the 'next' button below to get started!

* 1. What is the name of the organization you represent?

* 2. What is the type of organization you represent? Check the one that best describes your organization:

- ◯ Non-profit
- ◯ Faith-based
- ◯ Health Service Institution
- ◯ Local Government
- ◯ State Government
- ◯ School District
- ◯ For-Profit Business or Corporation
- ◯ Institution of post-secondary education / training
- ◯ Financial / Banking Institution
- ◯ Federal Government
- ◯ Consortiums / Collaborations
- ◯ Statewide Association or Collaboration

* 3. What is your position and/or title?

* 4. What is your organization's relationship with the EOC of Nassau County, Inc.? Check one that applies:

- ◯ Community Partner, Collaborator, or Coalition Member
- ◯ Formal Partnership via contract, MOU, or other written agreement
- ◯ Not affiliated or associated with EOC of Nassau County, Inc.
- ◯ Referral Agency (back and forth with EOC of Nassau County, Inc.)
- ◯ Other (please specify)

* 5. Please list three positive aspects of living in Nassau County.

First positive aspect:

Second positive aspect:

Third positive aspect:

* 6. Please list three challenging aspects of living in Nassau County.

First challenging aspect:

Second challenging aspect:

Third challenging aspect:

* 7. What do you think are the FIVE most pressing needs of individuals and families with low-incomes in Nassau County?

- [ ] Adult Education / Literacy
- [ ] Child Care
- [ ] Dental Care
- [ ] Domestic Violence Assistance
- [ ] Early Childhood Learning Opportunities
- [ ] Energy Conservation/Savings
- [ ] Family Counseling
- [ ] Financial Assistance
- [ ] Food Assistance
- [ ] Health Care
- [ ] Heating / Utility Assistance
- [ ] Home Repair Programs
- [ ] Job Skills / Employment Training
- [ ] Mental Health Services
- [ ] Parenting Education
- [ ] Safe, Affordable Housing
- [ ] Safety / Crime Prevention
- [ ] Senior Citizens Services
- [ ] Substance Abuse Assistance
- [ ] Summer Recreation Programs
- [ ] Transportation
- [ ] Veteran Services
- [ ] Youth Programs
- [ ] Other (please specify)

* 8. What do you think will be the 5 most challenging community issues that individuals and families with low-incomes in Nassau County will face in the next three years?

- [ ] Adult Education / Literacy
- [ ] Child Care
- [ ] Dental Care
- [ ] Domestic Violence Assistance
- [ ] Early Childhood Learning Opportunities
- [ ] Energy Conservation/Savings
- [ ] Family Counseling
- [ ] Financial Assistance
- [ ] Food Assistance
- [ ] Health Care
- [ ] Heating / Utility Assistance
- [ ] Home Repair Programs
- [ ] Job Skills / Employment Training
- [ ] Mental Health Services
- [ ] Parenting Education
- [ ] Safe, Affordable Housing
- [ ] Safety / Crime Prevention
- [ ] Senior Citizens Services
- [ ] Substance Abuse Assistance
- [ ] Summer Recreation Programs
- [ ] Transportation
- [ ] Veteran Services
- [ ] Youth Programs
- [ ] If you selected "Other" above - please specify here.

* 9. What can we do as community partners/collaborators to better address these issues in the future?

* 10. Has your organization eliminated any service(s) in the last year?

- ◯ Yes
- ◯ No

* If yes, please specify what service(s):

* 11. Has your organization added any service(s) in the last year?

- ◯ Yes
- ◯ No

* If yes, please specify what service(s):

* 12. Are you experiencing or aware of any funding changes (decreases or increases) that will affect your ability to provide services?

- ◯ Yes
- ◯ No

* If yes, please describe the changes and how it will affect your service delivery.

* 13. Does your organization have any program areas that could benefit from a partnership or enhanced collaboration with the EOC of Nassau County, Inc.?

- ◯ Yes
- ◯ No

* If yes, please describe:

Thank you!

Thank you for taking our survey! Your response is very important to us.

This Youth Community Needs Assessment will help the EOC of Nassau County, Inc. understand what you, as youth, feel is needed in your community. Your voice is critical in letting us know which programs are important to you to meet your needs. This assessment is anonymous, so please let us know exactly how you feel. Thank you in advance for your participation.

1. How old are you?

- ◯ 12 years old
- ◯ 13 years old
- ◯ 14 years old
- ◯ 15 years old
- ◯ 16 years old
- ◯ 17 years old

2. What grade are you in?

- ☐ 6th grade
- ☐ 7th grade
- ☐ 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade

3. What is your zip code?

4. What school do you attend?

5. How would you describe your school grades?

- ◯ Mostly A's
- ◯ Mostly B's
- ◯ Mostly C's
- ◯ Mostly D's or below
- ◯ A combination of all of the above

6. What academic support would help you most?

- ◯ Homework help
- ◯ Tutoring
- ◯ Reading support
- ◯ Sciences / STEM activities
- ◯ College preparation
- ◯ SAT / ACT preparation
- ◯ Computer skills
- ◯ Math support
- ◯ None of the above

Other (please specify)

7. After school, I usually

- ◯ Go home
- ◯ Attend an after-school program
- ◯ Participate in sports
- ◯ Go to work
- ◯ Take care of a family member (parent, grandparent, brother, sister, cousin, etc.)
- ◯ Spend time with friends

Other (please specify)

8. Which issues concern you most?

- ◯ Bullying
- ◯ Violence
- ◯ Drugs or alcolol
- ◯ Mental health (stress, anxiety, depression)
- ◯ Social media pressure
- ◯ Gangs
- ◯ Peer pressure
- ◯ Family problems
- ◯ Not having enough food
- ◯ Homelessness

Other (please specify)

9. If you needed help with any of these issues, would you know where to go for help?

- ◯ Yes
- ◯ No

10. How do you feel in your community?

- ◯ Very safe
- ◯ Somewhat safe
- ◯ Not very safe
- ◯ Not safe at all
- ◯ Please provide an explanation for your answer.

11. If Yes, where would you go?

12. Do you participate in EOC youth programs?

- ◯ Yes
- ◯ No

13. Which program(s) do you participate in? (Check all that apply)

- ☐ Summer program
- ☐ After-school program
- ☐ Soccer
- ☐ Youth Council
- ☐ Homework assistance
- ☐ LEAPS
- ☐ YECTI
- ☐ College Tour

Other (please specify)

14. Which activities would you like EOC to offer?

- ◯ Arts and crafts
- ◯ Sports
- ◯ Dance
- ◯ Technology or coding
- ◯ Robotics
- ◯ Leadership program
- ◯ Community service
- ◯ Career exploration
- ◯ Job readiness (resume writing, how to interview, etc.)
- ◯ Summer jobs
- ◯ Financial literacy (budget, saving money, investing)
- ◯ College tour
- ◯ Life Skills
- ◯ Cooking classes
- ◯ Mental health workshops (anti-bullying, stress, depression, etc.)
- ◯ Mentoring

Other (please specify)

15. What prevents you from participating in other EOC programs?

- ☐ Transportation
- ☐ Cost
- ☐ Time
- ☐ Family responsibilities
- ☐ Don't know about other EOC programs
- ☐ Programs are too far away
- ☐ Not interested

Other (please specify)

16. After high school, what do you plan to do?

- ◯ Go to college
- ◯ Go to a trade or technical school
- ◯ Join the military
- ◯ Get a job
- ◯ Start a business
- ◯ Not sure

Other (please specify)

17. What skills would you like to learn?

- ◯ Resume writing
- ◯ Public speaking
- ◯ Leadership
- ◯ How to start a business
- ◯ Budgeting and saving money
- ◯ Computer skills
- ◯ Coding
- ◯ Graphic Design

Other (please specify)

18. What is the biggest challenge facing youth in your community?

19. What programs or activities would make your community a better place to live?

20. If you could change one thing about our community, what would that be?

21. Please share any additional ideas or suggestions that would help EOC provide programs and services for youth.

Thank you for your answers.
They will help the EOC of Nassau County, Inc. to offer programs and services for youth in the community.