

1. **What town or township do you live in?** \_\_\_\_\_

2. **What county do you live in? (Select One):**

- Hunterdon       Morris       Passaic  
 Somerset       Sussex       Warren  
 Other Please List \_\_\_\_\_

3. **Total number of people who live in your household including yourself?** \_\_\_\_\_

4. **Please complete each row for *every member* of your household including yourself.**

**Self**       M  F      Your Age  15-18  19-25  26-55  55+  
 Y  N Do you have Health Insurance?  
 Y  N Do you have Prescription Coverage?

**Spouse/ Partner**       M  F      Their Age  15-18  19-25  26-55  55+  
 Y  N Do they have Health Insurance?  
 Y  N Do they have Prescription Coverage?

**Child**       M  F      Their Age  0-6  7-14  15-18  21+  
 Y  N Do they have Health Insurance?  
 Y  N Do they have Prescription Coverage?  
 Y  N Do they attend Childcare?

**Child**       M  F      Their Age  0-6  7-14  15-18  21+  
 Y  N Do they have Health Insurance?  
 Y  N Do they have Prescription Coverage?  
 Y  N Do they attend Childcare?

**Child**       M  F      Their Age  0-6  7-14  15-18  21+  
 Y  N Do they have Health Insurance?  
 Y  N Do they have Prescription Coverage?  
 Y  N Do they attend Childcare?

**Other Members**       M  F      Their Age  15-18  19-25  26-55  55+  
 Y  N Do they have Health Insurance?  
 Y  N Do they have Prescription Coverage?

**Other Members**       M  F      Their Age  15-18  19-25  26-55  55+  
 Y  N Do they have Health Insurance?  
 Y  N Do they have Prescription Coverage?

5. Which one of these applies to your living situation?

- Married  Widowed  Living Together  
 Divorced  Single (Never Married)  Separated

6. Which one of these do you consider yourself?

- Hispanic or Latino  Black or African American  
 White  Asian  
 Multiracial

7. What is the primary language spoken in your home?

- English  Spanish  Other-Please List \_\_\_\_\_

8. Are you currently a student?

- Yes  No

9. What is the highest level of education *you* have completed?

- Grade 8  Grades 9-12 (but did not graduate)  
 GED  High School Diploma  
 Some College Credits  A Vocational or Trade School  
 2-Year Degree/Associate's Degree  4-Year Degree/Bachelor's Degree  
 Post Graduate Degree

10. What is your housing status?

- Rent  Own  Currently Homeless and/or living with friends/relatives

*If you rent... Do you live in public housing?*

- Yes  No

*Do you receive Section 8, rental assistance, or a housing voucher?*

- Yes  No

*If you own... Do you have a mortgage?*

- Yes  No

*Have you missed any payments in the past year?*

- Yes  No

*Have foreclosure procedures started at any time in the past year?*

- Yes  No

*If you have been homeless... or living with friends/relatives in the last year...have you*

*Lived in a shelter or transitional housing?*

- Yes  No

*Lived mostly in car or on the street?*

- Yes  No

11. In the past twelve months, has your utility service (water, gas, electricity, telephone, heat) been shut off or received notice of shut off?

- Yes  No

12. Are any of these things a problem in your neighborhood?

- Noisy Neighbors  Yes  No Garbage or Litter  Yes  No  
Crime  Yes  No  Other \_\_\_\_\_

13. How do you feel about living in your neighborhood? (Select One)

- Very Satisfied  Fairly Satisfied  Neutral  
 Slightly Dissatisfied  Very Dissatisfied



23. **Do you pay for check cashing services?**

Yes  No

24. **Have you filed for bankruptcy within the past three years?**

Yes  No

25. **Have you applied for and/or received the Earned Income Tax Credit (EITC)?**

Yes  No  Not sure/Don't know about EITC

26. **If you do know about Earned Income Tax Credit (EITC) but haven't filed for it, can you tell us why?**

Didn't know how to file a tax return  Didn't file a tax return at all  Afraid to file a tax return

27. **Do you have income from employment in your household?**

Yes  No

*If yes, what is the total household income amount from employment?  
(Please include all household members income)*

\$0-\$10,000 Year  \$30,001-\$40,000 Year  
 \$10,001-\$20,000 Year  \$40,001-\$50,000 Year  
 \$20,001-\$30,000 Year  \$50,001-or More Year

28. **Is anyone in the household receiving unemployment benefits?**

Yes  No

*If yes, what is the amount of unemployment benefit?*

\$100-\$200 Week  \$401-\$500 Week  
 \$201-\$300 Week  \$501-\$600 Week  
 \$301-\$400 Week  Other \$ \_\_\_\_\_ (Amount)

29. **Is anyone in the household receiving child support?**

Yes  No

*If yes, what is the monthly amount?*

\$100-\$250 Monthly  \$551-\$650 Monthly  
 \$251-\$350 Monthly  \$651-\$750 Monthly  
 \$351-\$450 Monthly  \$751-\$850 Monthly  
 \$451-\$550 Monthly  \$851 and Higher-Monthly

30. **Is anyone in the household receiving Social Security, SSI or SSD?**

Yes  No

*If yes, what is the amount?*

\$100-\$500 Monthly  \$1201-\$1400 Monthly  
 \$501-\$800 Monthly  \$1401-\$1600 Monthly  
 \$801-\$1000 Monthly  \$1601-\$1800 Monthly  
 \$1001-1200 Monthly  \$1801 and Higher-Monthly

31. Is anyone in the household receiving Welfare, Cash Assistance, TANF or General Assistance (GA)?

Yes  No

*If yes, what is the total amount received in the household?*

\$100-\$140 Monthly  \$351-\$450 Monthly  
 \$141-\$250 Monthly  \$451-\$550 Monthly  
 \$251-\$350 Monthly  More than \$550 Monthly

32. Is anyone in the household receiving food stamps?

Yes  No

*If yes, what is the total amount received in the household?*

\$10-\$100 Monthly  \$301-\$350 Monthly  
 \$101-\$200 Monthly  \$351-\$400 Monthly  
 \$201-\$250 Monthly  \$401-\$450 Monthly  
 \$251-\$300 Monthly  More than \$451

33. Is anyone in the household receiving pension benefits?

Yes  No

*If yes, how much is the total amount of pension benefits?*

\$100-\$500 Monthly  \$1501-\$2000 Monthly  
 \$501-\$1000 Monthly  \$2001-\$2500 Monthly  
 \$1001-\$1500 Monthly  More than \$2501

34. Is anyone receiving any other income in the household?

Yes  No

*If yes, what type?*

Veteran's Benefits  Family/Friends  Other \_\_\_\_\_

*If yes, what is the total amount of other income received in the household?*

\$100-\$200 Monthly  \$501-\$600 Monthly  
 \$201-\$300 Monthly  \$601-\$700 Monthly  
 \$301-\$400 Monthly  \$701-\$800 Monthly  
 \$401-\$500 Monthly  More than \$801 Monthly

35. How much money do you think you need for your household bills each month? \$ \_\_\_\_\_

36. *In your opinion, why are people struggling to get by? (Select one)*

Because they are unlucky/bad breaks  Because they lack education/jobs/training  
 Because they lack motivation/work ethic  Can't change/ or it's the way people grew up  
 Drug/alcohol abuse  Employment-not enough living wage jobs  
 Health Issues  Mental Health Issues  
 Welfare/Government system  Other: \_\_\_\_\_

37. **If money is tight in your budget, what do you do to make ends meet? (Select All That Apply)**

- Not pay a bill
- Borrow money from relatives or friends
- Work additional hours
- Seek assistance from community action agency or social service agency
- Other: \_\_\_\_\_
- Seek government assistance
- Move in with others/share living expenses
- Find other work

38. **Looking toward next year, how do you think things will be for you and your family?**

- About the same as this year
- I think things are going to get better
- I think things will get worse

39. **If you receive any services from NORWESCAP, please mark each service that you receive.**

- Arthur & Friends
- Backpack Program
- Career and Life Transitions Center for Women
- Cancer Screening/CEED
- Child Care Voucher
- Circles™ Initiative
- Circles™ College
- Community Meals
- Individual Development Account
- Early Head Start
- Family Self Sufficiency
- Financial Literacy
- Family Loan Program
- Energy Assistance (LIHEAP)
- Food Bank
- Head Start
- Healthy Families (TIP)
- Housing/Homelessness Assistance
- Minor Home Repair
- Heating System Improvement
- Phillipsburg Family Success Center
- SHIP State Health Insurance Program
- Summer Feeding/Nutrition Program
- Skylands RSVP (Volunteer)
- Weatherization
- (WIC) Women, Infants & Children Supplemental Food Program
- Volunteer Income Tax Assistance (VITA) program
- Other: \_\_\_\_\_

40. **If you could change one thing about your life to make it better, what would it be? \_\_\_\_\_**

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***Thank you for your participation.***

All answers are confidential. We appreciate your help!

**Please return all completed surveys to NORWESCAP at 350 Marshall Street, Phillipsburg, NJ 08865**

