*Smart Start of New Hanover County, along with members from the local Family Engagement Coalition, want to hear from you! The information will be used to improve services and programs that support families with young children. Thank you for taking the time to answer these questions*. ☺

**What is your current zip code?:** *(please √)*

**□** 28401 **□**28403 **□**28405 **□**28409 **□**28411 **□**28412 **□**28428 **□**28429 **□**28449 **□**28480

**Tell us about the people living in your household (including yourself)*.****(Write in the number of people for each age group. Example: “ 3 Children (birth to age five)”)*

\_\_\_ Children (birth to age five) \_\_\_ Children (ages 6-12) \_\_\_ Youth (ages 13-18)

\_\_\_ Adults (19-54) \_\_\_ Adults (55 or older)

**How many of these individuals, if any, have special needs?** \_\_\_\_\_

**What are your family’s most urgent needs currently?** (*Please √ all that apply)*

**□** Food **□** Housing **□**Transportation **□** Health care **□**Substance abuse **□**Parenting

**□** Help finding child care **□** Help paying for child care **□** Feeling safe **□** Employment

**□** General questions about your child’s development **□** Connecting with other families

**□** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your family received help or support with the following in the past year?** *(Please √ all that apply)*

**□** Food **□** Housing **□**Transportation **□** Health care **□**Substance abuse **□**Parenting

**□** Help finding child care **□** Help paying for child care **□** Feeling safe **□** Employment

**□** General questions about your child’s development **□** Connecting with other families

**When receiving these services, did you feel like part of a team? Were you consulted, asked, or given opportunity to share your opinion and thoughts?** *(Please √)*

**□** Yes  **□** A little  **□** Not at all Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you find out that this help was available?** *(Please √ all that apply)*

**□** TV  **□** Radio  **□** Internet search  **□** Facebook, Twitter, and other social media  **□** Pediatrician

**□** Child care/school  **□** Flyers and brochures  **□** Friends, relatives, and word of mouth  **□** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the best way for you to learn about resources and services that could help your family?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What makes it difficult for your family to get help, support, or services?** *(Please √ all that apply)*

**□**Don’t know where to get help **□**Fear of being judged **□**Having to miss work **□**Cost

**□**Transportation **□**Eligibility requirements **□**Application or paperwork is too difficult

**□**Lack of time **□**Lack of child care **□**Language barrier

**□** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have a support system that you can call on when you need help (example: friends, relatives, spouse, etc.)?**

**□** Yes, definitely       **□** Sometimes  **□** Working on it

If you would like to **stay connected** with Smart Start and learn about events and receive our electronic newsletter, please share your email address below.

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional: To help us make sure we are getting responses from a diverse set of people, we would like to know a little bit more about you and your family:

**How long have you lived in New Hanover County?** *(Please √)*

* Less than 6 months
* 6 months to 2 years
* 3 to 6 years
* 7 to 12 years
* 13+ years

**Tell us about your combined yearly family income:** *(Please √)*

* Less than $15,000
* $15,000 to $30,000
* $30,000 to $50,000
* Over $50,000

**How would you describe yourself:** *(Please √ all that apply)*

* White
* Black
* Hispanic
* Asian
* Pacific Islander
* American Indian or Alaska Native
* Other

**What language is most commonly spoken in your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Survey can be mailed to: Krista Turner, 3534 S. College Rd., Suite F, Wilmington, NC 28412
To complete the survey on-line:* <https://www.surveymonkey.com/r/32M27M9>

**

*If you have questions or would like to be connected to services in our community,*

*please call Smart Start of New Hanover County at 910-815-3731.*

***Thanks again!***