

Community Needs Assessment Survey

Southern Maryland Tri-County Community Action Committee, Inc.

Dear Community Partners, Customers, Families, and Friends:

We are reaching out to request your participation in our Community Needs Assessment Survey for Southern Maryland Tri-County Community Action Committee, Inc. Your input is essential as we gather feedback from community partners to better understand the needs of individuals and families across Calvert, Charles, and St. Mary's counties.

The information you provide will help guide future planning, strengthen local services, and support programs that better reflect the priorities of our communities. We value your perspective and respectfully ask that you share your feedback by completing the survey.

Topics We May Discuss Include:

- Challenges families and individuals are facing in our community
- Access to education, jobs, housing, health care, and other support services
- New or growing concerns affecting local residents
- Ideas for strengthening services, programs, and community partnerships

We respectfully ask that you complete the survey using the link below, a hard copy, or the QR code, whichever is most convenient for you. Your feedback is important and will help inform our planning and services.

Thank you for your time and consideration. We sincerely appreciate your support and participation.

<https://www.surveymonkey.com/r/SMTCCAC2026>



About You and Your Family

1. City of Residence:

2. What is your zip code?

3. What is your role (please check all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Board/Committee Member | <input type="checkbox"/> Public Official |
| <input type="checkbox"/> SMTCCAC Employee | <input type="checkbox"/> Head Start participant |
| <input type="checkbox"/> SMTCCAC Program Participant | <input type="checkbox"/> Policy Council Representative |
| <input type="checkbox"/> General Public | |

Partner Agency (name)

4. County of Residence:

- | | |
|--------------------------------------|----------------------------------|
| <input type="radio"/> Calvert County | <input type="radio"/> St. Mary's |
| <input type="radio"/> Charles County | <input type="radio"/> Other |

5. I was born in:

- | | |
|----------------------------------|--------------------------------------|
| <input type="radio"/> After 1998 | <input type="radio"/> 1965-1976 |
| <input type="radio"/> 1996-1998 | <input type="radio"/> 1947-1964 |
| <input type="radio"/> 1977-1995 | <input type="radio"/> 1946- or prior |

6. My highest level of education is:

- | | |
|--|---|
| <input type="radio"/> Grade 8 or less | <input type="radio"/> Associate / Bachelor Degree |
| <input type="radio"/> 9-12 grade, non-graduate | <input type="radio"/> Graduate School |
| <input type="radio"/> High school graduate/GED | <input type="radio"/> Other |
| <input type="radio"/> Some College | |

7. What is your race?

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Multi Race | <input type="checkbox"/> Other |

8. What is your ethnicity?

- Hispanic
- Non-Hispanic

9. What is your gender?

- Male
- Female

10. Are you are Veteran/active military?

- Yes
- No

11. The number of people in my household, including myself is:

12. I am registered to vote.

- Yes
- No

13. What is your marital status?

- Married
- Separated
- Widowed
- Never Married
- Divorced

14. I am currently single, head of household and live with children under age 18.

- Yes
- No

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Individual and Community Needs

15. I am currently caring for an elderly or disabled family member.

- Yes
- No

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16. If yes, How many hours a day?

- 1-3
- 4-6
- 7-11
- 12 +
- N/A

17. Please rank the challenges you face while caring for an elderly or disabled family member.

	Not Challenging	Slightly Challenging	Somewhat Challenging	Very Challenging	Extremely Challenging
Not enough time for personal needs or other responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to and from appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work related stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N/A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Do you receive respite care or in-home care services?

- Yes
- No

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19. Are you employed?

- Yes
- No

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20. Do you work a rotating shift?

- Yes
- No
- N/A

21. I need childcare to attend a training / career program.

- Yes
- No
- N/A

22. If you have children, do all parents in the household work?

- Yes
- No
- N/A

23. I am interested in receiving or obtaining (please check all that apply):

	Major Need	Minor Need	No Need	Unsure
Employment opportunities within the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance to attend a trade, technical school, or college or other specialized training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer skills training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Counseling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult/GED Education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commercial Drivers License	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

24. What do you believe is the cause of the employment needs in your community?

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Income and Financial Security Needs

25. My total household income in 2025 was (include all types of income before any deductions):

- Under \$15,000
- \$15,000-\$25,000
- \$25,001-\$35,000
- \$35,001-\$45,000
- \$45,001-\$55,000
- \$55,001-\$65,000
- \$65,001 +

26. The source of my household income is (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Emergency Medical/ Housing Assistance | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Retirement/Pension | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Social Security/Supplemental | <input type="checkbox"/> Other source of income |
| <input type="checkbox"/> Social Security | |

27. Do you receive child support?

- Yes
 No

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28. In the last 12 months, I was able to cover my monthly expenses (housing, food, clothing, utilities, transportation, medical care, etc.).

- Yes
 No

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29. I could not pay (please check all that apply):

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Rent or mortgage | <input type="checkbox"/> Loans |
| <input type="checkbox"/> Medical Bills/Perscriptions | <input type="checkbox"/> Credit Cards |
| <input type="checkbox"/> Utilities (phone/gas/water) | <input type="checkbox"/> Automobile |

Other (please specify)

30. I tried to get assistance from the following (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Church/religious organization | <input type="checkbox"/> Friends/family |
| <input type="checkbox"/> Made payment arrangements | <input type="checkbox"/> Personal savings |
| <input type="checkbox"/> Cash advance/Pay day loan | <input type="checkbox"/> Short-term lender |
| <input type="checkbox"/> County government agencies | <input type="checkbox"/> I did not try to get additional assistance. |
| <input type="checkbox"/> Local nonprofit agencies | |
| <input type="checkbox"/> Other (please specify) | |

31. I have the following (please check all that apply):

- Checking account
- Life Insurance
- Savings account
- Savings bonds

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32. Do you have a student loan?

- Yes
- No

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33. If you have a student loan, is your student loan in default?

- Yes
- No
- N/A

34. Have you been late on a student loan payment in the past 12 months?

- Yes
- No
- N/A

35. Please let us know about your budget:

- | | Yes | No |
|---|-----------------------|-----------------------|
| I have a budget. | <input type="radio"/> | <input type="radio"/> |
| I follow a budget. | <input type="radio"/> | <input type="radio"/> |
| I am interested in budget counseling. | <input type="radio"/> | <input type="radio"/> |
| I am interested in financial literacy training. | <input type="radio"/> | <input type="radio"/> |

36. What do you believe is the cause of income insecurity and poverty in your community?

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Housing Needs

37. I live in:

38. For my primary residence, I

39. My monthly rent or mortgage payment is:

40. My home and energy needs:

- | | Yes | No |
|---|-----------------------|-----------------------|
| My home needs repair | <input type="radio"/> | <input type="radio"/> |
| My home has indoor plumbing | <input type="radio"/> | <input type="radio"/> |
| My home is overcrowded | <input type="radio"/> | <input type="radio"/> |
| I have experienced a loss of utilities service in the past year | <input type="radio"/> | <input type="radio"/> |
| I/my family has reduced consumption of energy to uncomfortable or inconvenient levels because (you/we) were running out of money to pay the energy bill | <input type="radio"/> | <input type="radio"/> |

41. For renters:

	Yes	No
I would like to own my own home.	<input type="radio"/>	<input type="radio"/>
Limited income stops me from owning my own home.	<input type="radio"/>	<input type="radio"/>
Poor credit stops me from owning my own home.	<input type="radio"/>	<input type="radio"/>
Limited savings stops me from owning my own home.	<input type="radio"/>	<input type="radio"/>
I know that SMTCCAC provides counseling for homeowners.	<input type="radio"/>	<input type="radio"/>
I know about SMTCCAC's First Time Homebuyers workshops.	<input type="radio"/>	<input type="radio"/>

42. Please rank the following housing needs in your community:

	Major	Minor	None	Unsure
Safe and affordable housing available within the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe and affordable multi-family housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rental Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utility Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs to make homes energy efficient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs to assist in repair of homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. What do you believe is the cause of housing needs in your community?

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Transportation Needs

44. My main source of transportation is:

- Car
- Friends/Family
- Bus
- Cab/Uber/Lyft
- Other (please specify)

45. Please rank the following transportation needs:

	Major Need	Minor Need	No Need	Unsure
Local transportation for shopping, medical, school or work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Out of town transportation for shopping, medical, school or work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation for the general public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training on how to use public transportation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional hours of transportation operation (nights/weekends)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. What do you believe is the cause of transportation needs in your community?

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Health Needs

47. My General Health is:

48. Please provide information about your health insurance status:

	Yes	No
I have private medical insurance	<input type="radio"/>	<input type="radio"/>
My medical insurance includes prescription drug coverage	<input type="radio"/>	<input type="radio"/>
My dependents have private medical insurance	<input type="radio"/>	<input type="radio"/>
Someone in my household receives M-CHIP/ Dept. of Health medical benefits	<input type="radio"/>	<input type="radio"/>
Someone in my household receives S-CHIP Dept. of Social Services medical benefits	<input type="radio"/>	<input type="radio"/>
I need help filling out CHIP/Medicaid applications	<input type="radio"/>	<input type="radio"/>

49. How often do you and other members of your household see a doctor for routine healthcare?

	6 or fewer months	6 months to 1 year	1-2 years	More than 2 years
Time period since my last eye exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time period since my last dental exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. what do you believe is the cause of health needs in your community?

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Nutrition Needs

51. I am able to buy enough food for my family:

- Always
- Usually
- Seldom
- Never

52. Please provide information about your use of food support programs

	Yes	No
I have used the food pantry in the past 12 months	<input type="radio"/>	<input type="radio"/>
I participate in the SHARE program	<input type="radio"/>	<input type="radio"/>
I receive food stamps/SNAP	<input type="radio"/>	<input type="radio"/>
I receive Women, Infants, and Children (WIC) assistance	<input type="radio"/>	<input type="radio"/>
My family can benefit from increased food bank assistance	<input type="radio"/>	<input type="radio"/>
I need help completing SNAP applications	<input type="radio"/>	<input type="radio"/>
I am interested in nutrition education, healthy eating, or cooking on a budget workshops	<input type="radio"/>	<input type="radio"/>

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Social Service Needs

53. Please provide information regarding your Social Service needs

	Agree	Neutral	Disagree
I am able to access needed mental health services for myself or my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to access mental health services in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The use of alcohol and other substances are a concern in my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If needed, I know how to access substance abuse treatment services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family life has been stable over the past year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to access needed financial assistance such as TANF and SNAP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. If you are currently receiving services such as medical assistance, food stamps/SNAP, Independence Card, Section 8 or a rental subsidy, what do you need to exit assistance?

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Early childhood/childcare (if not applicable , please skip to Emergency and Community Needs)

55. Do you have a child under five years old?

- Yes
- No

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56. Do you have a child age 0-2 years old?

- Yes
- No

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57. If you have a child aged 0-2 years:

- | | Yes | No |
|--|-----------------------|-----------------------|
| Would you be interested in a home-based early childhood/parent education program? | <input type="radio"/> | <input type="radio"/> |
| Would you be interested in center-based early childhood services such as Early Head Start? | <input type="radio"/> | <input type="radio"/> |

58. Do you have a child aged 3-4 years old?

- Yes
 No

59. Do you use childcare programs (other than Head Start)?

- Yes
 No
 N/A

60. How many of your children use childcare?

61. Please indicate the type of childcare you use (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Childcare center | <input type="checkbox"/> Family childcare home |
| <input type="checkbox"/> Sitter/Nanny | <input type="checkbox"/> Spouse/family member/partner |
| <input type="checkbox"/> Older sibling | <input type="checkbox"/> N/A |

If yes, which other programs do you use?

62. Please mark the types of childcare services that you need:

- | | |
|--|--|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Night/evening care |
| <input type="checkbox"/> Half-days (5 days per week) | <input type="checkbox"/> Varied hours weekly |
| <input type="checkbox"/> Partial week | <input type="checkbox"/> Summer care |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> After school care |
| <input type="checkbox"/> Before school | <input type="checkbox"/> None |
| <input type="checkbox"/> Half-days/partial week | |

63. Are you satisfied with your current childcare arrangements?

- Yes
- No
- N/A

64. What factors prevent you from using childcare? check all that apply:

- Cost
- Availability
- Location
- Transportation Issues
- Hours of care
- N/A

Other (please specify)

65. Have you had any of the following childcare related problems in the past year?

	Yes	No	N/A
Difficulty paying childcare bill/tuition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding temporary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding care for a sick child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding care for a child with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependability of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scheduling of care to fit work schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtaining a childcare subsidy or assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extensive time on a waiting list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. Would you attend parenting classes if they were offered in your community?

- Yes
- No

67. Please rank the following community and neighborhood assistance needs:

	Major Need	Minor Need	No Need	Unsure
Emergency programs for the homeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency programs for food assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency programs for housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency shelters for natural disasters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighborhood clean-up projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime reduction/neighborhood safety programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More public recreational facilities and parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved infrastructure (streets, revitalization of buildings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. Please rank the extent to which you think the following occurs in your community:

	Great Extent	Some Extent	No Extent	Unsure
Families of color live in specific neighborhoods in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The neighborhood conditions in my community where people of color live are the same as in other areas regard to the conditions of the roads, access to markets, health services, education, and crime prevention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children of color get the same quality of education as other children in my community who are not of color.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When seeking medical/health care I feel like my doctor's decisions are affected by my race or gender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals of color are represented among the public officials in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law enforcement officials in my community treat people of color the same as they treat other who are not of color.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have provided information in regard to my race when seeking employment in my community (either on a job application or during an interview).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been treated the same as others in my same job who are of another race or gender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have experienced difficulty finding housing due to my race or gender due to a potential landlord's biases about individuals with my same race and ethnicity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. Please rank the following statements in regard to geographic location and poverty:

	Great Extent	Some Extent	No Extent	Unsure
My community has enough jobs for all who need them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The jobs in my community pay an adequate wage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The cost of living in my community is too high.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In recent years, jobs have left my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a community college or university within 30 miles of my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

70. Please select and rank in order of importance (1=high/5=low) up to FIVE of the following problem areas or personal concerns.

<input type="checkbox"/>	After School Programs
<input type="checkbox"/>	Alcohol/Drug Abuse
<input type="checkbox"/>	Child Abuse and Neglect
<input type="checkbox"/>	Child Care (affordable/accessible)
<input type="checkbox"/>	Crime
<input type="checkbox"/>	Education
<input type="checkbox"/>	Employment
<input type="checkbox"/>	Energy Assistance
<input type="checkbox"/>	Healthcare
<input type="checkbox"/>	Housing
<input type="checkbox"/>	Job Training
<input type="checkbox"/>	Legal Services
<input type="checkbox"/>	Recreational Access and Opportunity
<input type="checkbox"/>	Rent/Mortgage Assistance
<input type="checkbox"/>	Senior Services
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Youth Services
<input type="checkbox"/>	Enough Food
<input type="checkbox"/>	Other

71. What are the strengths of your community (please check all that apply)?

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Youth Organizations | <input type="checkbox"/> Churches |
| <input type="checkbox"/> Local Businesses | <input type="checkbox"/> People |

Other (please specify)

72. What are the strengths of SMTCCAC?

