

**Pocono Services for Families and Children: Monroe County Head Start
Community Needs Assessment Community Survey January 2012**

Your name and Agency: _____

Please complete the following questions regarding the availability of community services for the clients you work with. This information is gathered for our annual community needs assessment. Return the completed survey to Emily Daly, PSFC, 212 West 4th Street, East Stroudsburg, PA 18301, fax 570-421-6482 or edaly@psfc.org. **Thank you for your help.**

Child Care:

If you have clients who use child care, do current child care services meet their needs? Please explain.

If you have clients who use health care, do current services meet their needs in the following areas? Please explain.

Dental Care:

Medical Care:

Mental Health Care:

If you have clients who use services in the following areas, are their needs being met? Please explain.

Public Transportation:

Public Housing:

Employment Services:

Do your clients use food pantries? If not, why?

Are your clients' in need of the services below?

GED classes _____

ESL classes _____

Continuing Education classes _____

Please list any other adult education services your clients' would be interested in:

Comments: On the back of this page, please include your thoughts about services for children and families to assist us in better planning services, programs and advocating for children and families.