



Community Assessment Survey

For each topic area, place a checkmark in the column that best reflects your opinion Please answer ALL question. Thank you for your assistance.

Name and/or Organization (Optional)_____.

| RESPONSES TO SURVVEY QUESTIONS BELOW -----> | YES | NO | NOT SURE |
|---|-----|----|----------|
| Is there availability of safe affordable housing in your community? | | | |
| Is there adequate access to social services (i.e. day care, counseling, support and/or safety services)) in your community? | | | |
| Is there availability of adequate Health Care services: pharmacies, hospitals, local clinics, including mental health and substance abuse services in your community? | | | |
| Are there grocery stores and fresh fruit markets in your community?. | | | |
| Is there adequate accessibility to local schools, elementary, secondary, and post-secondary and vocational programs in your community? | | | |
| Is there police, fire protection, and public safety in your community? | | | |
| Do you have access to Spiritual, Social & Cultural Activities? | | | |
| Is there a commitment from community leaders to provide public awareness towards advancing the growth and development in your community? | | | |
| Is there adequate availability to employment training services, including internships and apprenticeships opportunities; as well employment assistance services? | | | |

What do you consider to be a strength of your community? _____

What services are needed in your community to help combat substance use? _____
