



SOUTH SHORE COMMUNITY ACTION COUNCIL  
71 OBERY STREET PLYMOUTH MA 02360  
T: 508-747-7575 | F: 508-747-1250  
WWW.SSCAC.ORG | #OURCOMMUNITYINACTION

Dear Friend,

South Shore Community Action Council (SSCAC) works to improve the quality of life for disadvantaged people of all ages on the South Shore. We're interested in finding out about the needs of people with low- to moderate-income who live in our communities. We would appreciate just a few minutes of your time to complete this anonymous and confidential survey.

If you would like to share your input, please complete this survey and mail it to:

South Shore Community Action Council  
Attn: Community Needs Assessment Survey  
71 Obery St.  
Plymouth, MA 02360



You can also complete the survey online at <https://bit.ly/48KAsRc> or by scanning the QR code

*As our thanks to you, complete your survey and raffle ticket below to have your name entered in a raffle to **win \$200 Grocery Store Gift Cards!***

*Thank you very much!*

Cut Here



**RAFFLE FOR \$200 GROCERY GIFT CARDS**  
Please complete this entry with your survey.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Note: To maintain confidentiality, your raffle ticket will be separated immediately from your survey. You must complete the survey and raffle ticket to SSCAC in order to be entered in the drawing.



## South Shore Community Action Council (SSCAC) – Community Needs Survey

**Tell us about yourself and your household...**

### What is your age?

- Under 18       45 – 64  
 18 – 24       65 and older  
 25 – 44       Prefer not to say

### What is your gender?

- Male  
 Female  
 Other  
 Prefer not to say

### Are you Hispanic/Latino/a/e?

- Yes  
 No  
 Prefer not to say

### What is your race? (Check all that apply)

- American Indian or Alaskan Native       Multi-race       Other  
 Asian       Native Hawaiian or Other Pacific Islander       Prefer not to say  
 Black or African American       White

### What language do you speak at home the most? (Check one)

- Arabic     English     Haitian Creole     Portuguese     Spanish     Other     Prefer not to say

### What is your household's monthly income before taxes?

*Include: Wages, TANF, Social Security, Disability Benefits, etc. Do Not Include: SNAP, WIC, MassHealth, Other Public Health Insurance, Fuel Assistance, etc.*

- Under \$2000/mo.       Prefer not to say  
 \$2000 - \$4000/mo.  
 \$4001 - \$6000/mo.  
 Over \$6000/mo.

### What is the highest level of education that you completed?

- Grade 0 - 8       12 grade + some post-secondary       Other  
 Grade 9 – 12 / Did not graduate       2 or 4-Year College Graduate       Prefer not to say  
 High school graduate       Graduate of other post- secondary school  
 HiSET / GED completed

### Including yourself, how many people in your household are 60 years or older?

(Write number in the blank)

\_\_\_\_\_

### How many people in your household are under 18 years old?

\_\_\_\_\_

### If you have children, how old are they? (Check all that apply)

- Under 3 years old       3 – 5       6 to 18       Over 18 years old       Prefer not to say

### What is your household type?

- One person living alone       Single Female Parent with children       Non-related adults with children  
 Two + adults, no children       Single Male Parent with children       Other  
 Grandparent(s) raising grandchildren       Two parents with children       Prefer not to say

### Did you/your family experience homelessness in the past 12 months?

- Yes     No     Prefer not to say

### Including yourself, does anyone in your household have a disability?

- Yes     No     Prefer not to say

**South Shore Community Action Council (SSCAC) – Community Needs Survey**

**Where do you live?**

- |                                  |                                     |  |                                     |
|----------------------------------|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Carver  | <input type="checkbox"/> Hingham    | <input type="checkbox"/> Middleborough | <input type="checkbox"/> Plympton   |
| <input type="checkbox"/> Duxbury | <input type="checkbox"/> Hull       | <input type="checkbox"/> Norwell       | <input type="checkbox"/> Scituate   |
| <input type="checkbox"/> Halifax | <input type="checkbox"/> Kingston   | <input type="checkbox"/> Pembroke      | <input type="checkbox"/> Wareham    |
| <input type="checkbox"/> Hanover | <input type="checkbox"/> Marshfield | <input type="checkbox"/> Plymouth      | <input type="checkbox"/> Other_____ |

**What are the top 5 needs of low-income people in your community? (Check 5)**

- Childcare / early education / preschool
- After School / Summer programs for children and youth
- Jobs
- English classes
- Training or education to get a better job
- Elder services / elder care
- Affordable housing
- Ability to pay heat or utility bills
- Affordable food
- Health insurance
- Mental health services
- Drug and alcohol services
- Domestic violence services
- Neighborhood safety
- Transportation
- Ability to budget
- Legal assistance
- Need for clothing
- Financial emergencies
- Immigration issues
- Discrimination issues
- Access to technology / internet
- Other: \_\_\_\_\_

**What keeps you or your family from feeling more financially stable? (Check all that apply)**

- I work full-time but my pay doesn't cover my expenses
- I can only find part-time work
- I can't find a job
- I need to work more than 1 job to make ends meet
- I need education/training to get work or a better job
- Childcare is too expensive so one of us stays home
- My living expenses (housing, heat, food, utilities) are too high
- I can't find housing that I can afford
- My medical expenses aren't covered by my insurance
- I don't have transportation /my transportation is unreliable
- My fixed income (Social Security, pension) doesn't cover my expenses
- Someone in my household spends money on things we don't need, so there isn't enough left for other expenses
- I lost eligibility for benefits (such as SNAP, WIC, MassHealth, etc.)
- Someone else controls the money and makes decisions I don't agree with
- Someone in my household has a substance use disorder
- I don't feel safe in my home
- I have too much debt
- Other: \_\_\_\_\_

**Of the 5 needs you selected above, which one is the most needed in your community? (Please write in the blank)**

\_\_\_\_\_

**Compared to 3 years ago, are you and your family now better off, worse off, or about the same?**

- Better off       Worse off       About the same

**If you are better off or worse off, in what way(s)?** \_\_\_\_\_

**Did the federal government shutdown in November impact you/your household?**

- Yes       No

## South Shore Community Action Council (SSCAC) – Community Needs Survey

If yes, in what way(s)? \_\_\_\_\_

Housing and utilities	Please Circle		
When my fuel assistance from SSCAC ends, I can afford to heat my home on my own	Yes	No	N / A
I have gone without heat because I could not afford to pay my fuel or utility bill	Yes	No	N / A
I have cut back on food, medicine, or other necessities so I can pay my heat or utility bills	Yes	No	N / A
I have fallen behind on electric or gas payments	Yes	No	N / A
I can afford to maintain my heating system	Yes	No	N / A
My utilities have been shut off because I fell behind on my payments	Yes	No	N / A
I have gone without heat/hot water because I could not afford heating system repairs	Yes	No	N / A
My home has insulation	Yes	No	N / A
I have fallen behind on rent or mortgage payments	Yes	No	N / A
I have stayed with friends, family or at a shelter because I did not have my own housing	Yes	No	N / A
I have stayed in my car / outside because I did not have anywhere else to go	Yes	No	N / A
I spend more than half of my income on my rent / mortgage	Yes	No	N / A

Food and nutrition	Please Circle		
I can't afford to buy fresh fruit and vegetables	Yes	No	N / A
I can't afford to buy fresh meat or dairy products	Yes	No	N / A
The food we buy runs out and we can't afford to buy more	Yes	No	N / A
I skip meals because there isn't enough money for food	Yes	No	N / A
I am hungry, but don't eat, because there isn't enough money for food	Yes	No	N / A
I have lost weight because I can't afford to buy enough food	Yes	No	N / A
I go without eating for a whole day because there isn't enough money for food	Yes	No	N / A
I cut the size of my child's meals because there isn't enough money for food	Yes	No	N / A
My child is hungry, but I can't afford to buy more food	Yes	No	N / A
My child skips meals because there isn't enough money for food	Yes	No	N / A
I go to a food pantry and/or someplace to get free food	Yes	No	N / A
I get food from Meals on Wheels	Yes	No	N / A
I have SNAP and/or WIC but it isn't enough to pay for the food we need	Yes	No	N / A
I feel anxious or depressed because there isn't enough food	Yes	No	N / A

Childcare, education, and family support	Please Circle		
<i>(If you do not have children under 18, please skip to the next section)</i>			
I can afford childcare/preschool for my infant, toddler, or preschooler	Yes	No	N / A
I am happy with the quality of my child's preschool/day care	Yes	No	N / A
I need affordable before/after school care for my school-age child	Yes	No	N / A
I need childcare for the whole year, including the summer	Yes	No	N / A
I need childcare for the whole day so I can go to work or school	Yes	No	N / A
I need school bus transportation so my child can attend childcare or school	Yes	No	N / A
It has been hard to find services to help my child's development or special needs	Yes	No	N / A
I need information to help prepare my child for kindergarten	Yes	No	N / A
I need advice and support with parenting (like routines, managing behavior, or stress)	Yes	No	N / A
I sometimes have questions about my child's emotions, behavior, and social skills	Yes	No	N / A
I wish I knew more about my child's physical development (like growth or milestones)	Yes	No	N / A
It is hard to connect with other parents in my community	Yes	No	N / A
I can find resources and activities in my community (like childcare, pantries, or events)	Yes	No	N / A

## South Shore Community Action Council (SSCAC) – Community Needs Survey

Transportation	Please Circle		
Public transportation can take me wherever I need to go	Yes	No	N / A
I have to take a taxi/Uber/Lyft because I have no other way to get where I need to go	Yes	No	N / A
I need or someone in my family needs handicap-accessible transportation	Yes	No	N / A
It is hard to shop for food or go to a pantry because I do not have transportation	Yes	No	N / A
I have missed health care appointments because I did not have a way to get there	Yes	No	N / A
I have a hard time finding / keeping a job because I don't have a way to get there	Yes	No	N / A
Someone in my family was sick but didn't get healthcare because we had no transportation	Yes	No	N / A

Finances	Please Circle		
I have at least \$500 set aside for emergencies	Yes	No	N / A
I borrow money for food, rent, or other reasons	Yes	No	N / A
I use my income tax refund to pay debts, overdue bills, or savings	Yes	No	N / A
I have a monthly budget that I follow	Yes	No	N / A
I need to learn how to manage my spending and bills	Yes	No	N / A
I need someone to help me find programs and services that could help me and my family	Yes	No	N / A

Health, mental health, and healthcare	Please Circle		
I have dental insurance for myself/my family	Yes	No	N / A
I have health insurance, but my deductible is too high	Yes	No	N / A
I do not have health insurance because I can't afford it	Yes	No	N / A
My children under age 18 have a pediatrician	Yes	No	N / A
My children under age 18 have gotten all the immunizations recommended by their doctor	Yes	No	N / A
My children under age 18 go to the dentist	Yes	No	N / A
My children under age 18 have had their vision and hearing tested	Yes	No	N / A
My children under age 6 have been tested for lead poisoning	Yes	No	N / A
I or someone in my family has an addiction or substance use disorder	Yes	No	N / A
I or someone in my family has anxiety, depression, or other mental health disorder	Yes	No	N / A
I feel lonely or disconnected from my community	Yes	No	N / A

<b>I/We have a computer at home or a cell phone that I use to go online</b> <i>(Please circle)</i>	Yes	No	N / A
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How often do you get news and information about resources, activities, and events in your community from the following sources. <i>(Please circle)</i>						
	Always	Almost Always	Often	Sometimes	Never	N/A
Facebook						
Instagram						
X (formerly Twitter)						
Bluesky						
TikTok						
Other social media						
Public Access TV (PACTv)						
Radio						
Print or online news						
Word of mouth						

<b>Did you receive services from SSCAC in the past 12 months?</b> <i>(Please circle)</i>	Yes	No	Not Sure
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*If "Yes", please answer the client satisfaction questions below. If "No" or "Not Sure", please skip to the end.*

## South Shore Community Action Council (SSCAC) – Community Needs Survey

### Which service(s) at SSCAC have you used in the past 12 months? (Check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bagged food or grocery card | <input type="checkbox"/> Heating system repair/replacement          | <input type="checkbox"/> Tax preparation/filing |
| <input type="checkbox"/> Consumer aid                | <input type="checkbox"/> Meal Kit Monday (mobile pantry)            | <input type="checkbox"/> Transportation         |
| <input type="checkbox"/> Early Education/Head Start  | <input type="checkbox"/> Rent, mortgage, or utility bill assistance | <input type="checkbox"/> Weatherization         |
| <input type="checkbox"/> Fuel assistance             | <input type="checkbox"/> South Shore Family Network                 | <input type="checkbox"/> None                   |

### How did you learn about SSCAC? (Please check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Someone told me            | <input type="checkbox"/> Online search | <input type="checkbox"/> TV or radio             |
| <input type="checkbox"/> I saw a flyer or poster    | <input type="checkbox"/> Social media  | <input type="checkbox"/> FindHelp.org or 211.org |
| <input type="checkbox"/> Another agency referred me | <input type="checkbox"/> Newspaper     | <input type="checkbox"/> Other _____             |

### Please circle the appropriate response

I feel welcome at SSCAC or when I talk with staff on the phone.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
I am satisfied with the customer service at SSCAC.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
SSCAC’s staff treat me with respect and do not judge me.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
SSCAC’S staff supports me in making my own decisions.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
SSCAC’S staff understands my needs and culture.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
I am satisfied with how SSCAC’s staff has treated me.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
My situation is better because of the help SSCAC gave me.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
My finances are more stable because of help from SSCAC.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
I can take care of my family or myself better because of help from SSCAC.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
SSCAC helped me learn about other resources.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
I am satisfied with the help I got from SSCAC.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree

### How hard was it for you to get help from SSCAC? (Please circle)

- |           |               |          |
|-----------|---------------|----------|
| Very Hard | Somewhat Hard | Not Hard |
|-----------|---------------|----------|

### If you answered “Very Hard” or “Somewhat Hard”, which of the following made it hard for you to get help from SSCAC?

(Please check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Hours                      | <input type="checkbox"/> Too much paperwork                | <input type="checkbox"/> I couldn’t understand what the staff person was saying |
| <input type="checkbox"/> Parking                    | <input type="checkbox"/> I felt overwhelmed                | <input type="checkbox"/> Having to answer the same questions over and over      |
| <input type="checkbox"/> Childcare                  | <input type="checkbox"/> Disability                        | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Transportation             | <input type="checkbox"/> Information was hard to read      |   |
| <input type="checkbox"/> Immigration or citizenship | <input type="checkbox"/> Too many requirements             |   |
| <input type="checkbox"/> I felt embarrassed         | <input type="checkbox"/> Application/process was confusing |   |

Please share any other feedback that you’d like SSCAC to know \_\_\_\_\_

**YOU ARE FINISHED! THANK YOU!**