



CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

Client Needs Survey

Please complete the following anonymous survey for the State Department of Social Services to gather more information about how to help families and children. This information will be used to provide more accessible services and resources to families and children.

Please enter your zip code _____

1. Have you used public assistance in the last year? If so, please check all the boxes that apply.

- None
 - Cash aid
 - CalFresh
 - Housing Assistance
 - MediCal
 - Women Infant Children (WIC)
 - Other (Please describe)
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2. What is your current housing situation?

- Rent
 - Stay with family or friends
 - Own
 - Transitional Housing
 - Homeless/Temporary Housing
 - Other (Please describe)
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3. Do you use childcare? If yes, who takes care of your child or children? Check all that apply.

- I do not use child care
- Family or friend of the family
- Child Care Center
- After school program

4. What is the highest education level you've completed?

- Grade School
- Not applicable
- High School
- GED
- Some College
- College Degree
- Graduate School
- Decline to Answer

5. How do you plan to use your tax refund? Please check all the boxes that apply.

- Save or place in a savings account
 - Pay credit card bills
 - Pay debt to a friend or family member
 - Pay rent or mortgage
 - Pay utility bill
 - Pay child care
 - Pay medical bills
 - Recreation/Entertainment/Vacation
 - Pay to fix something
 - Make car payment
 - Other (Please describe)
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6. Which services would help reduce emotional or financial stress in your household? Please check all the boxes that apply.

- Basic Needs (clothing, diapers, etc)
 - Food Assistance
 - Housing Assistance
 - Health Care
 - Dental Care
 - Child Care
 - Parenting Classes
 - Family Counseling
 - Anger Management
 - Healthy Relationship Workshops
 - Mental Health Treatment
 - Transportation
 - Drug/Alcohol Abuse Treatment
 - Financial Counseling/Budgeting
 - Employment Services
 - Job Training (resume, interview skills, etc.)
 - Continuing Education
 - Other (Please describe)
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