

Community Questionnaire (Survey)

The following questionnaire is based on the [Head Start Program Performance Standards \(HSPPS\)](#), related to the strengths and needs for families applying for the LCDF Early Head Start Program and other Early Childhood Programs in Dona Ana County. The results will be used to improve the services provided to children and Families.

1. What early childhood programs are you enrolled in/applying for?
 - a. Early Head Start (Center Based, Home Based, Both)
 - b. Head Start
 - c. NM Pre-K (includes Early Pre-K)
 - d. All programs

2. How old will your child be September 1, 2022?
 - a. Less than 3 years old
 - b. 3 years old
 - c. 4 years old

3. If applying for the Early Head Start program, would you be interested in enrolling in the Home Based Program?
 - a. Yes
 - b. No
 - c. Maybe
 - d. Already enrolled
 - e. N/A

4. What services are you currently receiving? Check all that apply
 - a. Medicaid
 - b. SNAP (Food stamps)
 - c. WIC (Women, Infants and Children)
 - d. Child Care Assistance
 - e. Subsidized Housing

5. Based on your work or school schedule, if your child is selected to participate in an early childhood program, would your child need childcare after program hours?
 - a. Yes
 - b. No

6. Are you currently employed?
 - a. Yes, full time
 - b. Yes, part time (less than 20 hours per week)
 - c. No, Unemployed

7. Are you a student? ___Yes ___No

If yes, choose your status

ESL

GED

High School Diploma

Trade Certificate

Associate's Degree

Bachelor's Degree

Master's Degree

Ph.D

Other: _____

8. Where do you get your income? Check all that apply

a. Full time job

b. Part time job

c. Child Support

d. Social Security Retirement or Survivor Benefits

e. SSI (Supplemental Security Income/Disability)

f. Student Loans

g. TANF/Cash Assistance

h. Other

9. Which of the following do you use for childcare in your community?

a. Babysitter

b. Child Care Center

c. Child Care Home Provider

d. Relative

e. None

10. What type of transportation do you use

a. Walk

b. Bike

c. Bus (public transportation)

d. Friends/Family

e. Personal vehicle

f. Taxi/Uber

g. Other: _____

11. Who is your family headed by:

a. Two Parents

b. Single Mother

c. Single Father

d. Grandparent(s)

e. Relative/Guardian

f. Foster Parent(s)

g. Other: _____

12. Current living situation (Check all that apply)

- a. Own/Rent
- b. Family/Friends
- c. Homeless (A loss of residence, living in a shelter, motel, car, camper, abandoned building or train station)

13. Has your child been diagnosed with any of the following (Check all that apply)

- a. Asthma
- b. Cancer
- c. Dental problems
- d. Diabetes
- e. Mental Health
- f. Overweight
- g. Underweight
- h. None

14. Does your child have a diagnosed disability?

- a. Yes
- b. No