COVER
New picture? New information?

Army Community Service Needs Assessment

This survey collects information about your use and satisfaction with Army Community Service (ACS) programs at (Installation Name) and your sense of how the military community is supporting its members. ACS program managers use this information to monitor their delivery of services to Soldiers and Families and to respond better to identified issues that are important to you.

1. **YOUR PARTICIPATION IS NEEDED.** ACS at your installation needs information from you in order to deliver the most effective programs and services. It is important that the data is representative of all Soldiers and Family Members on this installation. We encourage you to answer all the questions. There is no penalty for failing to respond to the survey or to any individual question.

2. **THE SURVEY IS ANONYMOUS.** Your responses will not be tracked back to you. Only persons involved in collecting or preparing the information for analysis will have access to the completed survey questionnaires. Only group statistics will be reported. Your written comments will also be anonymous.

3. **PROVIDE YOUR BACKGROUND INFORMATION.** Your background information is essential for analyzing the data. There are many programs and services offered at your installation and it is important for the program managers to know which groups of people are using which services. Please answer these questions.

Sponsored by: (Installation Name) ACS and the Family and Morale, Welfare and Recreation Command (FMWRC)
Conducted by: Cornell University, The Family Life Development Center for **(Installation Name)**

MARKING INSTRUCTIONS

READ EACH QUESTION CAREFULLY AND ALL THE POSSIBLE RESPONSES BEFORE SELECTING YOUR RESPONSE.

GENERAL INSTRUCTIONS

1. Please use a No. 2 pencil or pen.
2. Make heavy black marks that fill the circle for your answer.
   - ● Yes
   - O No
3. Please do not make stray marks of any kind.

Marking All That Apply

Sometimes you will be asked to "Mark all that apply." When this instruction appears, you may mark more than one answer.

EXAMPLE:

If the non-military spouse in your household is not working for pay, why not? *(Mark all that apply.)*

- ● Jobs in area are low paying
- O Spouse attending school
- ● Child care/availability/affordability
- O Homemaker/staying at home to raise children
- O Sponsor deployed/TDY too often
- O No jobs available in area

Selecting Only One Response

Sometimes you will be asked to "Mark one response" from a list of possible items.

EXAMPLE:

Were you **DEPLOYED IN THE LAST 12 MONTHS?**

- O Not applicable, not eligible for deployment
- ● Yes
- O No

Using A Common Scale For Questions With Multiple Parts

Sometimes you will be asked to answer questions with several parts. "Mark one response for each."

EXAMPLE:

	NEGATIVE	NEITHER POSITIVE NOR NEGATIVE	POSITIVE
What impact has the sponsor's military career had on the non-military spouse's:			
—ability to earn income?	●	O	O
—career plans?	●	O	O
—educational plans?	O	●	O

1. Which best describes you?

- O Single Enlisted
- O Married Enlisted
- O Single Officer
- O Married Officer
- O Civilian Spouse of Enlisted
- O Civilian Spouse of Officer
- O None of the above
- O Other *(please specify):*

2. Are you a CIVILIAN employee or contractor for the Department of Army or the Department of Defense?

- O Yes
- O No

3. Are you a military retiree?

- O Yes
- O No

Are you the spouse of a military retiree?

- O Yes
- O No

4. What is your or your sponsor's current military status?

- O Active Army (not a member of the Guard or Reserve)
- O Army National Guard on active duty
- O Army Reserve on active duty
- O Other Branch of the military

5. Which best describes your Family status:

- O Single without child(ren)
- O Single with child(ren)
- O Married without child(ren)
- O Married with child(ren)
- O Dual Military without child(ren)
- O Dual Military with child(ren)
- O None of the above

6. Number of dependent children at home?

- O 0
- O 1
- O 2
- O 3
- O 4+

7. Ages of children living in your home?

	1	2	3	4+
0-3	O	O	O	O
4-7	O	O	O	O
8-12	O	O	O	O
13-18	O	O	O	O

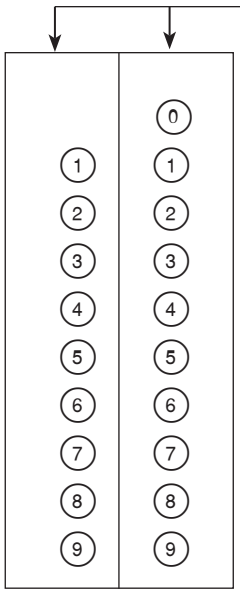
8. Are you or your spouse pregnant?

- O Yes
- O No

9. Are you:

- O Male
- O Female

10. What is your current age?



Please mark the appropriate bullet below each number.

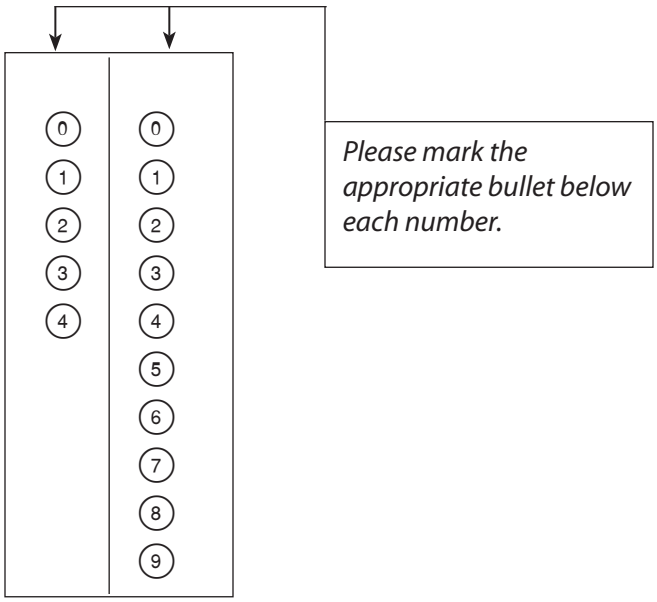
11. What is your paygrade/rank? If you are retired military, please indicate your rank at retirement.

- O Does not apply; neither I nor my spouse are military

O PVT1/E1	O W01/W1	O 2LT/01
O PVT2/E2	O CW2/W2	O 1LT/02
O PFC/E3	O CW3/W3	O CPT/03
O CPL/SPC/E4	O CW4/W4	O MAJ/04
O SGT/E5	O CW5/W5	O LTC/05
O SSG/E6		O COL/06
O SFC/E7		O GEN/07-10
O MSG/1SG/E8		
O SGM/CSM/E9		

12. How many years of military service?
(To indicate less than 1 year, select "00.")

- O Does not apply; neither I nor my spouse are military.



THE MOBILIZATION AND DEPLOYMENT PROGRAM prepares Soldiers and Families for deployment.

13. Were you recently deployed or are you currently preparing to deploy to a combat zone?

- O Not applicable, not eligible for deployment
- O Yes
- O No

14. Was your spouse recently deployed or is your spouse currently preparing to deploy to a combat zone?

- O Not applicable, not eligible for deployment
- O Yes
- O No

15. How many times have you or your spouse deployed to a combat zone?

16. If you or your Family Member are deployed or are deploying, do the Family Members plan to:

- O Not applicable, not experiencing deployment
- O Stay at the installation/in the area
- O Move out of area
- O Don't know
- O Other *(please specify):*

17. Are you or have you been a Rear Detachment Commander?

- O Yes
- O No

18. Are you or have you been an FRG leader?

- O Yes
- O No

19. Have you used any of the following programs or services at this installation? *(Mark all that apply.)*

- O Pre deployment Briefings
- O Rear Detachment Training for Commanders
- O Family Readiness Group Leader Training
- O Reunion/Reintegration Training
- O Children and Deployment
- O Trauma in the Unit
- O Financial Readiness for Deployment
- O Family Readiness Group Meeting (In person)
- O Virtual Family Readiness Group (vFRG)
- O Battlemind
- O Other *(please specify):*

20. If you used any of these programs or services at this installation, did it help you or your family?

- O Yes
- O No

21. If you did not use any programs or services, why? *(Mark all that apply.)*

- O Didn't think it would be useful
- O No transportation/no chid care
- O Scheduling conflict/lack of time
- O Didn't know about it
- O Confidentiality concerns
- O Prefer using off-post services
- O Prefer to keep military and family life separate
- O Not eligible
- O Did not need it

THE RELOCATION READINESS PROGRAM prepares Soldiers and Families for frequent moves.

22. Do you have a foreign born spouse or are you the foreign born spouse of an active duty military member?

- O Yes
- O No

23. Where do you live now?

- O On-post military housing
- O Off-post military housing
- O Privatized military housing on-post (rent)
- O Privatized military housing off-post (rent)
- O Civilian/community housing off-post (own)
- O Civilian/community housing off-post (rent)
- O Other *(please specify):*

24. How far do you live from the nearest military installation or the one that you use most?

- O I live on post
- O 10 miles or less
- O 11-25 miles
- O 26 or more miles
- O Do not know

25. How long have you been assigned to this installation?

- O Less than 1 month
- O 1-3 months
- O 4-11 months
- O 1-2 years
- O 3-4 years

26. Have you used any of the following programs or services at this installation? *(Mark all that apply.)*

- O Military Homefront Website
- O Plan My Move
- O Lending Closet
- O Newcomer Orientation Briefing
- O Sponsorship Support
- O Immigration/Citizenship Services
- O Relocation Counseling
- O Hearts Apart for Waiting Families
- O Premove Workshops (return from overseas)
- O Services to Multicultural Families
- O Other *(please specify):*

27. If you used any of these programs or services at this installation, did it help you or your family?

- O Yes
- O No

28. If you did not use any of these programs or services, why? *(Mark all that apply.)*

- O Didn't think it would be useful
- O No transportation/no chid care
- O Scheduling conflict/lack of time
- O Didn't know about it
- O Confidentiality concerns
- O Prefer using off-post services
- O Prefer to keep military and family life separate
- O Not eligible
- O Did not need it

THE EMPLOYMENT READINESS PROGRAM supports Family Members' careers with information, training and job referrals.

29. Is the non-military spouse in your household employed?

- O Yes
- O No

30. If the non-military spouse in your household is not currently employed, please check all that apply:

- O Overqualified for the work
- O Jobs in area are low paying
- O Spouse attending school
- O Child care availability/affordability
- O Homemaker/staying at home to raise children
- O Sponsor deployed/TDY too often
- O No jobs available in area
- O Relocation too often
- O Geographic location
- O Other *(please specify):*

31. What is your highest level of education?

- O Less than 12 years of school (no diploma)
- O High school diploma or GED
- O 2-year college (AA/AS)
- O 4-year college (BA/BS)
- O Masters, doctoral degree or professional degree (MA, MS, PHD, MD, JD)

32. Have you used any of the following programs or services at this installation? *(Mark all that apply.)*

- O Finding a job
- O Career counseling/coaching
- O Job skills training
- O Youth Employment Information/Training
- O Job Fairs
- O Army Spouse Career Assessment Tool
- O Other *(please specify):*

33. If you used any of these programs or services at this installation, did it help you or your family?

- O Yes
- O No

34. If you did not use any of these programs or services, why? *(Mark all that apply.)*

- O Didn't think it would be useful
- O No transportation/no chid care
- O Scheduling conflict/lack of time
- O Didn't know about it
- O Confidentiality concerns
- O Prefer using off-post services
- O Prefer to keep military and family life separate
- O Not eligible
- O Did not need it

THE FINANCIAL READINESS PROGRAM offers information, education and emergency assistance.

35. Have you used any of the following programs or services at this installation? *(Mark all that apply.)*

- O First-Term Soldier's Financial Training
- O Financial Planning
- O Army Emergency Relief (AER) – Emergency Income/Food Assistance
- O Assistance with resolving consumer problems/ issues
- O Financial Counseling: Debt Reduction, etc.
- O Income tax assistance or referrals
- O Other *(please specify):*

36. If you used any of these programs or services at this installation, did it help you or your family?

- O Yes
- O No

37. If you did not use any of these programs or services, why? *(Mark all that apply.)*

- O Didn't think it would be useful
- O No transportation/no chid care
- O Scheduling conflict/lack of time
- O Didn't know about it
- O Confidentiality concerns
- O Prefer using off-post services
- O Prefer to keep military and family life separate
- O Not eligible
- O Did not need it

THE INFORMATION AND REFERRAL PROGRAM provides links to multiple community resources.

38. Did you use ACS's Information and Referral?

- O Yes
- O No (skip to Question 41)

39. Was it helpful?

- O Yes
- O No

40. Did you get accurate information?

- O Yes
- O No

THE ARMY FAMILY TEAM BUILDING (AFTB) program is a volunteer-driven organization that provides training and information about Army life.

41. Have you taken any of the following classes at this installation? *(Mark all that apply.)*

- O AFTB Level One Classes
- O AFTB Level Two Classes
- O AFTB Level Three Classes
- O AFTB Instructor Training
- O AFTB online training

42. If you took any of the classes, did it help you or your family?

- O Yes
- O No

43. If you did not participate in any AFTB training, why? *(Mark all that apply.)*

- O Didn't think it would be useful
- O No transportation/no chid care
- O Scheduling conflict/lack of time
- O Didn't know about it
- O Confidentiality concerns
- O Prefer using off-post services
- O Prefer to keep military and family life separate
- O Not eligible
- O Did not need it

THE EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) supports Families with exceptional Family Members.

44. How many Exceptional Family Members do you have?

- O Not applicable.

Child(ren)	Adult(s)
O 0	O 0
O 1	O 1
O 2	O 2
O 3 or more	O 3 or more

45. Are you enrolled in the Exceptional Family Member Program (EFMP)?

- O Not applicable, no Exceptional Family Member (skip to Question 49)
- O Yes
- O No

46. Have you used any of the following EFMP services at this installation? *(Mark all that apply.)*

- O Advocacy (support groups, education, housing, etc)
- O Respite Care for children or adults
- O Special Needs Accommodation Process (SNAP)
- O Housing/Community Support Coordination prior to PCS
- O Recreational and cultural programs
- O Other *(please specify):*

47. If you used any of the EFMP services, did it help you or your family?

- O Yes
- O No

48. If you did not use any EFMP services, why? *(Mark all that apply.)*

- O Didn't think it would be useful
- O No transportation/no chid care
- O Scheduling conflict/lack of time
- O Didn't know about it
- O Confidentiality concerns
- O Prefer using off-post services
- O Prefer to keep military and family life separate
- O Not eligible
- O Did not need it

THE FAMILY ADVOCACY PROGRAM offers programs to prevent child and domestic abuse.

49. Which of the following programs are you aware of?

- O Victim Advocacy Program
- O Restricted Reporting Policy for Victims of Domestic Abuse and Sexual Assault
- O Transitional Compensation for Victims of Abuse

50. Have you used any of the following programs or services at this installation? *(Mark all that apply.)*

- O Home visits for expectant parents/parents with young children
- O Parenting classes/workshops for any age
- O Child and parent playgroups
- O Classes about keeping children safe (sexual abuse, witnessing domestic violence, dating violence for teens, etc.)
- O Marriage/Relationship classes
- O Life Skills Workshops (anger management, stress, health)
- O Child Abuse and Domestic Abuse Services
- O Other *(please specify):*

51. If you used any of these programs or services at this installation, did it help you or your family?

- O Yes
- O No

52. If you did not use any programs or services, why? *(Mark all that apply.)*

- O Didn't think it would be useful
- O No transportation/no chid care
- O Scheduling conflict/lack of time
- O Didn't know about it
- O Confidentiality concerns
- O Prefer using off-post services
- O Prefer to keep military and family life separate
- O Not eligible
- O Did not need it