



JVS Client Needs Assessment 3.0 We Want to Hear From you!

This survey will help us understand the effects of the COVID-19 outbreak on our current and former job seekers, and it will directly help inform current and future JVS programming to better meet our clients' needs.

We've asked for your feedback in March and in June. However, we recognize your needs may have evolved as we continue to shelter in place, so we still need your input.

To compensate you for your time, you will be enrolled in a raffle to win a gift card of \$100. The survey should take approximately 10 minutes. Thank you for taking the time to help!

Section 1: Demographics

* 1. What is your age?

- 17-24
- 25-29
- 30-39
- 40-49
- 50-59
- 60 or older

* 2. What is your gender?

- Female
- Male
- Other (please specify)
- Gender non-binary
- Declined to state

* 3. What best describes your race/ethnicity?

- Asian
- Black/African American
- Hispanic/Latino
- Middle Eastern/North African
- Multiracial (more than once race)
- Other (please specify)
- Pacific Islander
- Native American / First Nation
- White
- Decline to state

* 4. What is the highest level of school you have completed or the highest degree you have received?

- Less than a high school degree
- High school degree or equivalent (e.g., GED)
- Some college but no degree
- Other (please specify)
- Associate degree
- Bachelor degree
- Graduate degree

* 5. How many members are in your household?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

* 6. Including yourself, how many adults live in your household?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

* 7. Which of the following categories best describes your current employment status?

- Employed, working part-time (1-31 hours per week)
- Employed, working full-time (32 or more hours per week)
- Not employed, looking for work
- Not employed, NOT looking for work
- Retired
- Disabled, not able to work

* 8. Approximately what was your total household income over the last year?

\$0 – \$19,999

\$60,000 – \$95,999

\$20,000 – \$44,999

\$96,000 or more

\$45,000 – \$59,999

Section 2: Care Access Needs

* 9. Do you currently have health insurance?

Yes

No



JVS Client Needs Assessment 3.0 We Want to Hear From you!

* 10. Is your current health insurance provided by your employer?

Yes

No

* 11. Do you have a child or dependent you must care for?

Yes

No



JVS Client Needs Assessment 3.0 We Want to Hear From you!

* 12. Do you currently have access to dependable child or dependent care?

- Yes
- No

* 13. Is caring for your dependent impacting your ability to work, look for work, or engage in a skills training program?

- Yes
- No

* 14. Are you impacted by school closures or virtual learning?

- Yes
- No

15. How are you being impacted by school closures or virtual learning?



JVS Client Needs Assessment 3.0 We Want to Hear From you!

Section 3: Access to Food and Stable Housing

* 16. Are you worried about being able to afford food or groceries?

- Yes
- No

* 17. What is your current housing situation?

- Own
- Rent
- Staying with friends or family
- Homeless - street/car
- Homeless - shelter
- Homeless - traditional housing (HUD temporary)
- Other (please specify)
- Hotel/motel
- Nursing/long term care
- Assisted living
- Group home
- Halfway house

* 18. Is your access to stable living being impacted by the novel coronavirus (COVID-19)?

- Yes
- No



JVS Client Needs Assessment 3.0 We Want to Hear From you!

19. How is your housing being impacted?



JVS Client Needs Assessment 3.0 We Want to Hear From you!

* 20. Are you worried about your ability to pay for your rent or mortgage on time?

Yes

No



JVS Client Needs Assessment 3.0 We Want to Hear From you!

21. Have you applied for any of the following mortgage or rental relief programs? (check all that apply)

Sent a letter to my landlord asking for an extension on paying rent

Applied to a Mortgage Assistance/ Mortgage Relief Program

Applied to rental payment assistance such as Seasons of Sharing or Shelter Inc. etc.

Other (please specify)



JVS Client Needs Assessment 3.0 We Want to Hear From you!

Section 4: Financial Capability

22. How confident are you that you could pay for a financial emergency that cost around \$400 (scale 1 - 5, 1 being not confident, 5 being very confident)?

1 -not confident

5 -very confident

23. How confident are you that you could pay for a financial emergency that cost around \$1,000 (scale 1 - 5, 1 being not confident, 5 being very confident)?

1 -not confident 5 -very confident

24. How frequently do you feel that you are just getting by living paycheck to paycheck (scale 1 - 5, 1 being all the time, 5 being never)?

1 - all the time 5- never

25. How confident are you that you'll be able to pay for basic necessities in the next three months (scale 1 - 5, 1 being all the time, 5 being never)?

1 - not confident 5-very confident

Section 5: Employment and Lost Wages

* 26. Were you previously employed and are no longer able to work due to you, a family member, or a housemate being exposed to the novel coronavirus (COVID-19)?

- Yes
- No
- Not applicable



JVS Client Needs Assessment 3.0 We Want to Hear From you!

* 27. Were you previously employed and are now, due to COVID-19, unable to work due to your worksite temporarily closing, shutting down, or furloughing staff?

- Yes
- No
- Not applicable



JVS Client Needs Assessment 3.0 We Want to Hear From you!

* 28. Were you:

- Laid off
- Furloughed
- Other (please specify)



JVS Client Needs Assessment 3.0 We Want to Hear From you!

* 29. Are you currently experiencing reduced hours or shifts at work due to the novel coronavirus (COVID-19)?

- Yes
- No
- Not applicable



JVS Client Needs Assessment 3.0 We Want to Hear From you!

30. What is the amount that your hours have been reduced?

- Some of my hours have been reduced
- Half of my hours have have been reduced
- Most of my hours have been reduced
- All of my hours have been reduced



JVS Client Needs Assessment 3.0 We Want to Hear From you!

* 31. Have you looked for another job?

- Yes
- No



JVS Client Needs Assessment 3.0 We Want to Hear From you!

* 32. Have you gotten another job?

- Yes
- No



JVS Client Needs Assessment 3.0 We Want to Hear From you!

* 33. How many hours are you working now and how does your pay compare to your previous position?



JVS Client Needs Assessment 3.0 We Want to Hear From you!

34. Are you currently getting any support from your current or former employer in response to the novel coronavirus (COVID-19)?

- Yes
- No
- Not applicable



JVS Client Needs Assessment 3.0 We Want to Hear From you!

35. What type of support is your employer providing (check all that apply)

- Providing information on COVID-19 related employee resources
- Paid leave
- Opportunity to work remotely
- Referrals or connections to community resources
- Personal protective equipment (PPE)
- Other (please specify)



JVS Client Needs Assessment 3.0 We Want to Hear From you!

* 36. Has someone else in your household experienced full or partial job loss as a result of the novel coronavirus (COVID-19)?

- Yes
- No
- Not applicable



JVS Client Needs Assessment 3.0 We Want to Hear From you!

37. What is the amount that their hours have been reduced?

- Some of their hours have been reduced
- Half of their hours have have been reduced
- Most of their hours have been reduced
- All of their hours have been reduced
- Not applicable



JVS Client Needs Assessment 3.0 We Want to Hear From you!

Section 6: Public Benefits

38. Have you applied to any of the following public benefit programs recently, since COVID-19? (check all that apply)

- Unemployment Benefits (UI with EDD)
- Food Stamps/ SNAP/ or CalFresh
- Medical
- CalWorks
- Other (please specify)

* 39. Which of them are you currently receiving?

- Unemployment Benefits (UI with EDD)
- Food Stamps/ SNAP/ or CalFresh
- Medical
- CalWorks
- Not applicable
- Other (please specify)



JVS Client Needs Assessment 3.0 We Want to Hear From you!

40. What was the impact of the loss of the \$600 extra in Unemployment Benefit (that ended August 1, 2020) on your household?



JVS Client Needs Assessment 3.0 We Want to Hear From you!

41. Has anyone else in your household applied to any of the following public benefit programs recently, since COVID-19? (check all that apply)

- Unemployment Benefits (UI with EDD)
- Food Stamps/ SNAP/ or CalFresh
- Medical
- CalWorks
- Other (please specify)

* 42. Which of them are they currently receiving?

- Unemployment Benefits (UI with EDD)
- Food Stamps/ SNAP/ or CalFresh
- Medical
- CalWorks
- Not applicable
- Other (please specify)



JVS Client Needs Assessment 3.0 We Want to Hear From you!

43. What was the impact of the loss of the \$600 extra in Unemployment Benefit (that ended August 1, 2020) on your household?



JVS Client Needs Assessment 3.0 We Want to Hear From you!

COVID Relief Funds

* 44. Did you receive client resource cash support from JVS?

- Yes
- No



JVS Client Needs Assessment 3.0 We Want to Hear From you!

45. Did you feel like receiving the JVS client resource funds helped to resolve your emergency?

- Yes
- No



JVS Client Needs Assessment 3.0 We Want to Hear From you!

46. Please share how the funds helped resolve your emergency.

47. What impact did receiving JVS client resource funds have on the way you feel about your current financial situation?



JVS Client Needs Assessment 3.0 We Want to Hear From you!

Career Coaching and Training Opportunities

48. Would you attend career coaching sessions if they were available?

Yes

No



JVS Client Needs Assessment 3.0 We Want to Hear From you!

49. What kinds of coaching is interesting to you. Check all that apply.

- One-on-one coaching in person
- One-on-one coaching remotely (like via Zoom)
- Group coaching in person
- Group coaching remotely
- Other (please specify)



JVS Client Needs Assessment 3.0 We Want to Hear From you!

50. Please share why you are not interested in career coaching.



JVS Client Needs Assessment 3.0 We Want to Hear From you!

51. Would you attend training classes if they were available?

- Yes
- No
- Maybe



JVS Client Needs Assessment 3.0 We Want to Hear From you!

52. What kind of training are you interested in attending?

- IT training
- Medical training (like CNA, Medical Assistant, etc.)
- Administrative Assistant training
- Other (please specify)



JVS Client Needs Assessment 3.0 We Want to Hear From you!

53. Please share why you are not interested in attending training.



JVS Client Needs Assessment 3.0 We Want to Hear From you!

54. Do you have access to the following remote learning resources? Check all that apply

- Computer
- High-speed Internet
- Webcam



JVS Client Needs Assessment 3.0 We Want to Hear From you!

Looking forward

55. The next six months may be filled with rapid change and uncertainty. Many will use this time to look for a job or a better job and others may use this time to increase their skills. Others may focus on both of these equally (or neither). As you think about these next six months, where will you focus?

- Finding a new or better job
- Increasing my skills
- Focusing on both finding a new job and gaining new skills
- Neither



JVS Client Needs Assessment 3.0 We Want to Hear From you!

56. What kinds of support do you need to find a new job?

- Connection to employers
- Access to child care
- Expansion of your network
- Resume review/Interview preparation
- Other (please specify)



JVS Client Needs Assessment 3.0 We Want to Hear From you!

57. If focusing on developing new skills, what kinds of supports to you need?

- Financial support to pay for training
- Access to and information about training providers
- Technology to support virtual learning
- Understanding of latest job trends to focus my training
- NA
- Other (please specify)



JVS Client Needs Assessment 3.0 We Want to Hear From you!

Section 7: Closing

58. What do you think is your biggest COVID-19 related concern right now? (Please rank in order of importance = 1 most important and 10 = least important)



Employment



Housing



Food Access



Health - Your health or your family's



Healthcare Insurance



Dependent care



Technology Access



Stress



Children's school options

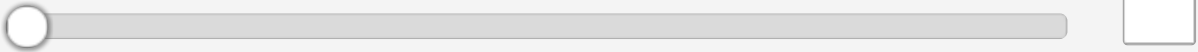


Other

59. If you selected "other", please specify:

60. On a scale of 1-10 (10 being the most painful), what is your level of pain for the top issue?

0 10



61. Is there anything else that you would like to share?

Thank you for taking the time to fill out this survey.
Please enter your email below to receive \$5 gift card to Starbucks, Amazon, or Target.

62. Please provide your email so that we can enter you into the raffle to win a \$100 gift card: