

## Interview Consent Form

This consent form outlines my rights as a participant in **The Survey of HOPE** conducted by LSU under the supervision of Dr. Rick Weil, Professor of Sociology on behalf of United Methodist HOPE Ministries, 4643 Winbourne Ave. Baton Rouge, LA 70805.

The interview will explore my attitudes about:

**The Programs and Services available at HOPE geared toward helping families reach self-sufficiency. It is also an attempt to conduct a current community needs assessment to plan to meet needs of our community, thus improving the lives of the residents of the community surrounding HOPE Ministries.**

It will take about **30 minutes** and I understand that: (please check to show you understand)

1. Taking part in this study is entirely voluntary. \_\_\_\_\_
2. It is my right to decline to answer any question that I am asked. \_\_\_\_\_
3. I am free to end the interview at any time. \_\_\_\_\_
4. I may request that the interview not be taped. \_\_\_\_\_
5. My name and identity will remain confidential in any publications or discussions. My name will not appear on any tapes or transcripts resulting from the interview. \_\_\_\_\_

I HAVE READ THIS CONSENT FORM. I HAVE HAD A CHANCE TO ASK QUESTIONS CONCERNING ANY AREAS THAT I DID NOT UNDERSTAND.

\_\_\_\_\_  
(Printed name of Survey participant)

\_\_\_\_\_  
(Signature of survey participant)

\_\_\_\_\_  
Date

*You may decline to participate in this study. You may end your participation in this study at any time. It is my responsibility to keep your identity confidential. There will not be any identifying information on audiotapes or transcripts of this interview. I will not allow anyone other than the persons conducting this survey and agency staff of United Methodist HOPE Ministries to hear any audiotape of your voice. No one other than me will know your identity.*

\_\_\_\_\_  
(Signature of Interviewer and Date)

How was this survey administered?

- Self
- Interview
- Phone Interview
- Electronically

This survey is designed to assess your participation and satisfaction with services offered at HOPE Ministries. It is also an opportunity for HOPE Ministries to assess and plan for the future needs of our clients and the community we serve. Your willingness to complete the survey will help us better serve you and improve our delivery of service to you and the community.

1. What's your participation with HOPE as a client?

- I am a current client
- I am a former client
- I was never was a client

2. What programs have you participated in at HOPE? Check all that apply.

- Client Choice Food Pantry
- Family Mentoring Program
- Neighboring
- Community Education Initiative
- Getting Ahead in a Just-Gettin'-By World

3. How long have you been receiving services from HOPE Ministries?

- Less than 1 year
- 1-4 years
- 4 years or more

**Client Choice Food Pantry**

*If not a participant in the Client Choice Food Pantry Program, please skip to question # 12.*

4. How often do you shop in the Food Pantry?

- Once per month
- Once every 2-3 months
- Once every 4-6 months
- Once a year

5. Why do you shop in the Food Pantry? Check all that apply.

- To supplement existing food
- Can't afford food
- Can't drive to grocery store
- Holiday Food Baskets

6. I find the selection of food items available to be:

Excellent                       Fair  
 Good                                 Poor

7. I find the quality of food available to be:

Excellent                       Fair  
 Good                                 Poor

8. Is it convenient for you to shop in the pantry?

Yes  
 No

9. I find the staff in the intake area in the Family Center to be very helpful.

I strongly agree                       I disagree  
 I agree                                       I strongly disagree                       Don't Know

10. I find the staff in the pantry to be very helpful

I strongly agree                       I disagree  
 I agree                                       I strongly disagree                       Don't Know

11. How important is it to you that the following item are stocked in the pantry?

	Essential	Very Important	Important	Would be Nice	Not so Important
Canned Goods					
Fresh Vegetables					
Frozen Vegetables					
Assorted Meats					
Dairy Products					
Rice					
Flour					
Breads					

12. Where does your family shop for food? Check all that apply.

- Albertson's
- Hi Nabor
- Neighborhood Store
- Piggly Wiggly
- Sam's
- Sav-A-Lot
- Wal-Mart
- Whole Foods
- Winn Dixie
- Other

13. Do you compare prices before shopping?

- Yes
- No

14. Do you use coupons?

- Yes
- No

15. If available I would you purchase meat and other food at HOPE Ministries for a lower cost than you could at the grocery store?

- Yes
- No

16. Would you purchase fresh fruits and vegetables at HOPE Ministries through an on site farmer's market?

- Yes
- No

17. Do you participate in the WIC program?

- Yes
- No

18. Are any school-aged children in your household participating in the free or reduced meal programs at their school?

- Yes
- No

**Family Mentoring Program**

*If not a participant in the Family Mentoring Program, please skip to question #25.*

19. The biggest improvement for me and my family while in the program was in the area of:  
(rank in order of importance)

- Family Stability
- Housing Stability
- Financial Stability

20. I feel the HOPE Ministries' Family Mentoring Program helped to improve my family's situation.

- I strongly agree
- I agree
- I disagree
- I strongly disagree

21. My family service coordinator /case manager was very helpful to me.

- I strongly agree
- I agree
- I disagree
- I strongly disagree

22. My assigned mentor was very helpful to me and my family.

- I strongly agree
- I agree
- I disagree
- I strongly disagree

23. While in the Family Mentoring Program I participated in the following initiatives. Please check all that apply.

- Home Buyer Training
- Financial Literacy Training
- Finance/Budget Management
- Getting Ahead In a Just-Gettin' -By World
- One On One Financial Planning
- Regular Case Management Sessions
- Regular Mentoring Meetings or Contacts

24. My overall experience as a participant in the Family Mentoring Program was beneficial to me and my family?

- I strongly agree
- I agree
- I disagree
- I strongly disagree

**Community Needs**

25. Please indicate which of the following are unmet needs in our community. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Transportation                  | <input type="checkbox"/> Home cleaning assistance                   |
| <input type="checkbox"/> Childcare                       | <input type="checkbox"/> Laundry services                           |
| <input type="checkbox"/> After school care               | <input type="checkbox"/> Delivery services                          |
| <input type="checkbox"/> Tutoring                        | <input type="checkbox"/> Help with budgeting                        |
| <input type="checkbox"/> Home Buyer training             | <input type="checkbox"/> Car maintenance                            |
| <input type="checkbox"/> Financial Literacy training     | <input type="checkbox"/> Food services for the elderly or homebound |
| <input type="checkbox"/> Finance / Budget management     | <input type="checkbox"/> Health care services                       |
| <input type="checkbox"/> Easily accessible grocery store | <input type="checkbox"/> Low-income housing                         |
| <input type="checkbox"/> Home repair                     | <input type="checkbox"/> Other: _____                               |
| <input type="checkbox"/> Affordable housing              | <input type="checkbox"/> Home cleaning assistance                   |

26. Please suggest any other ideas for services that are not currently available in your community.

27. I would attend, if HOPE Ministries offered a crime prevention and safety awareness class.

- I strongly agree  
 I agree  
 I disagree  
 I strongly disagree

28. I would attend, if HOPE Ministries offered free health screenings and other healthy living information sessions.

- I strongly agree  
 I agree  
 I disagree  
 I strongly disagree

29. I would attend, if HOPE Ministries offered job training assistance.

- I strongly agree  
 I agree  
 I disagree  
 I strongly disagree

30. I would attend, if HOPE Ministries offered computer access and training.

- I strongly agree
- I agree
- I disagree
- I strongly disagree

31. I would attend if HOPE Ministries offered budgeting and financial management training.

- I strongly agree
- I agree
- I disagree
- I strongly disagree

32. I would attend if HOPE Ministries offered parenting classes.

- I strongly agree
- I agree
- I disagree
- I strongly disagree

33. Have you participated in other programs in your community like the ones mentioned in the previous questions?

- Yes
- No

34. If yes, where? Check all that apply.

- Church
- Community Center
- Non-profit organization

35. Do you own a computer?

- Yes
- No

36. Do you and your family have internet access at home?

- Yes
- No

37. Do you use a computer or the internet somewhere else?

- Library
- Community Center
- School
- Friends/Family/Neighbors House
- Other: \_\_\_\_\_

38. I have a washer and dryer in my house.

- Yes
- No

39. I would use paid laundry services if they were available at HOPE Ministries.

- I strongly agree  
 I agree  
 I disagree  
 I strongly disagree

40. What is your current method of transportation?

- I own my own my vehicle  
 I can drive, but do not own a car  
 I use public transportation  
 I rely on others for transportation

41. What type of medical insurance do you and your family have? Check all that apply.

- Medicaid  Medicare  La CHIP  Employer sponsored  None  
 Other: Specify \_\_\_\_\_

42. Have you or a member of your family been a victim of any of the following? Check all that apply.

- Domestic Violent  Assault  Burglary  Robbery  Other Crimes

43. Do you or some one in your family have a history of the following ailments / disabilities? Check all that apply.

- Breast Cancer  Prostate Cancer  Asthma  Heart Disease  Diabetes  
 High Blood Pressure  HIV/AIDS  Obesity  Other

44. I have had been late on my rent of mortgage in the past 12 months:

- Have not been late  
 Once  
 Twice  
 Three to five times  
 More than five times

45. I have received an eviction notice or foreclosure notice in the past 12months:

- Yes  No

46. I have been late on my utilities or received a disconnect notice in the past 12 months:

- Have not been late  
 Once  
 Twice  
 Three to five times  
 More than five times



47. I have gotten rental assistance in the past:

- Have not gotten assistance
- 3 Months
- 6 Months
- 9 Months
- 12 Months

48. I have gotten utility assistance in the past time period:

- Have not gotten assistance
- 3 Months
- 6 Months
- 9 Months
- 12 Months

**Residential / Community**

49. Race:

- African American
- Caucasian
- Hispanic
- Other \_\_\_\_\_

INSERT A. Gender:

- Male
- Female

INSERT B. Age: \_\_\_\_\_

50. Are you a Hurricane Evacuee?

- Yes
- No

51. How many people live in your household in the following age categories?

- Children (0-17)
- Adults (18-64)
- Seniors (65 and older)

52. Is there more than one family living in your household? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, why? \_\_\_\_\_

53. Marital Status:

- Single/never married
- Married
- Married/not living with spouse
- Divorced
- Widowed
- Other: \_\_\_\_\_

54. Employment Status:

- Unemployed
- Employed
- Disabled
- Retired
- Student
- Other: \_\_\_\_\_

55. If employed, do you work?

- Full time
- Part time
- Self-employed

56. Monthly Household Income Amount:

- No Income       \$501-\$1000       \$2,001 and higher
- \$1-250             \$1,001-\$1,500
- \$251-\$500         \$1,501-\$2,000

57. Income Assistance Sources. Check all that apply:

- Supplement Social Security       Child Support                       Food Stamps
- Social Security Disability         Veteran Benefits                   Others (explain)
- Social Security                       Wages/Employment               Refused /Unknown
- AFDC                                     Unemployment Benefits
- General Public Assistance         No Financial Resources

58. How many years of schooling did you complete?

- Some High School                   High School Graduate or GED
- Some College                         Trade/Vocational School Completed
- Associates Degree or Junior College Degree
- College Graduate                   BA, BS, BFA
- Masters, Ph.D

59. Are you a registered voter?

- Yes
- No

60. Religious Affiliation

- None
- African Methodist Episcopal
- Baptist
- Catholic
- Church of Christ
- Church of God in Christ
- Full Gospel
- Jehovah's Witness
- Jewish
- Church of Jesus Christ of Latter-day Saints
- United Methodist
- Non-denominational
- Pentecostal
- Presbyterian
- Muslim
- Seventh Day Adventist
- Other: \_\_\_\_\_

61. Are you a member of a local church?

- Yes, if so, name your church \_\_\_\_\_
- No

62. Are you interested in attending a group meeting to discuss the results of this survey?

- Yes
- No

63. This concludes this survey. Please offer any suggestions, ideas or concerns about your community or HOPE Ministries that you would like to have addressed or expressed.

Thank you for your time.