



FAIRFIELD INNOVATION PLAN  
**CHOICE NEIGHBORHOOD RESIDENT SURVEY**  
**NEIGHBORHOOD, HOUSING & MOBILITY**

The City of Huntington, West Virginia, and the Huntington West Virginia Housing Authority (HWWHA) have received a Choice Neighborhoods Planning Grant from the U.S. Department of Housing and Urban Development (HUD) to create a plan to revitalize and improve conditions in the Fairfield neighborhood.

We are conducting this survey to help us better understand neighborhood conditions and the needs of you and your neighbors. Your answers will provide important information on your views regarding topics such as housing, safety, neighborhood facilities and services, education, employment, transportation, health, job training, youth programming and educational services.



### YOUR INFORMATION \*

Please submit this page and the following information with your completed survey to be entered into the raffle.

**NAME**

**EMAIL**

**PHONE**

I AM A FORMER NORTHCOTT COURT RESIDENT

**ELIGIBILITY:** The survey may be taken by anyone who lives or works within the Fairfield neighborhood of Huntington, West Virginia.

**DEADLINE:** Completed surveys are due by:

**Tuesday, April 30, 2019 at 5:00 PM**

**SECTIONS:** This survey includes four (4) sections that you may complete:

- A. Neighborhood, Housing & Mobility
- B. Education & Youth
- C. Safety & Health
- D. Employment & Job Training

You are not required to complete each section, but you are encouraged to complete those sections that interest you most.

**RAFFLE:** For each section that is completed and submitted, you will receive one (1) raffle ticket that will automatically enter you for a chance to win one (1) of the following prizes:

- A \$150 Amazon Gift Card (Quantity: 1)
- A \$50 Amazon Gift Card (Quantity: 3)

Each participant may earn no more than four (4) raffle tickets. Your name and email or phone number must be provided to be entered into the raffle. The drawing will be held on Wednesday, May 1, 2019. You do not need to be present at the drawing to win.

**SUBMISSION:** The survey may be submitted in any of the following ways:

- An online survey may be completed and submitted at: [www.fairfieldinnovation.com](http://www.fairfieldinnovation.com)
- A completed paper survey may be dropped off OR mailed to:  
**Scott Lemley, Director of Planning & Development**  
**Room L7, City Hall, 800 Fifth Avenue, Huntington, WV 25701**
- A completed paper survey may be scanned and emailed to Scott Lemley, Director of Planning & Development, at [lemleys@cityofhuntington.com](mailto:lemleys@cityofhuntington.com)

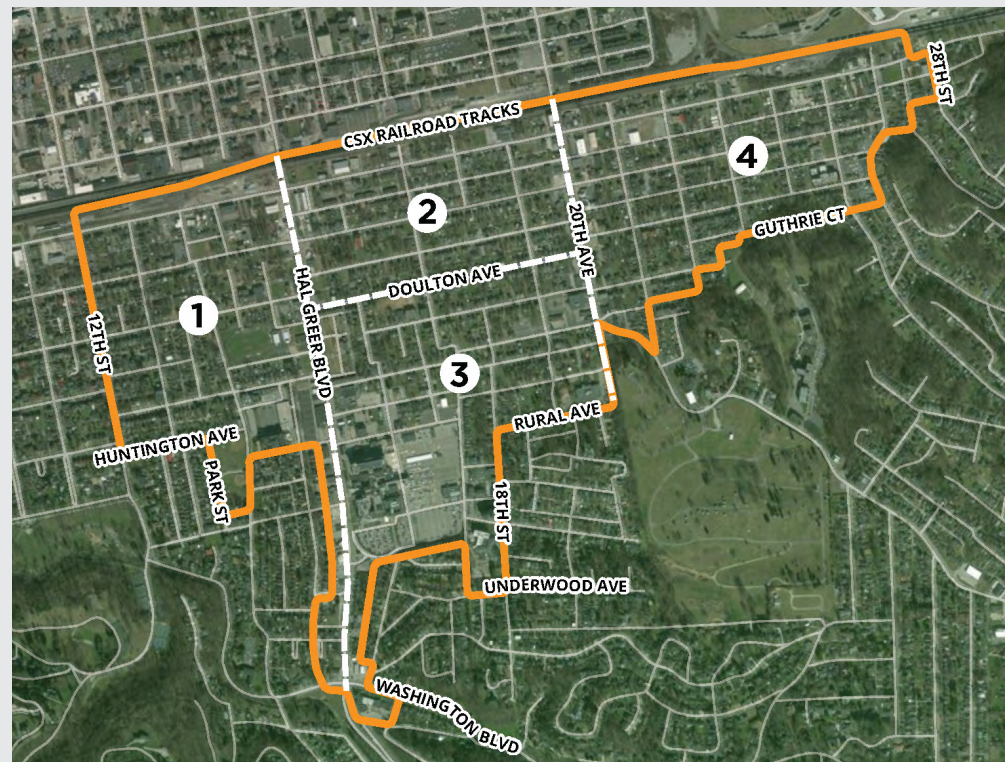
\* Your name and contact information will be used for the purpose of the raffle drawing only and will not be linked to the survey answers that you provide.

# NEIGHBORHOOD, HOUSING & MOBILITY SURVEY

**Where in the Fairfield neighborhood do you live?**  
 See map below.

- Area 1
- Area 2
- Area 3
- Area 4
- I live in another neighborhood

A1



A2

**How long have you lived in the neighborhood?**

- Less than 1 year
- 1 to 3 years
- 3 to 5 years
- 5 to 10 years
- 10 to 20 years
- 20 to 30 years
- 30 to 40 years
- Longer than 40 years

A3

**How many people live in your household?**  
 Indicate the number of people by age group.

- \_\_\_\_\_ Children, under 5 years
- \_\_\_\_\_ Children, ages 5-14
- \_\_\_\_\_ Teenagers, ages 13-17
- \_\_\_\_\_ Adults, ages 18-64 and in school
- \_\_\_\_\_ Adults, ages 18-64 and NOT in school
- \_\_\_\_\_ Seniors, ages 65+

A4

**What generations of people live in your household?**  
 Indicate the number of people by generation.

- \_\_\_\_\_ Great-grandchildren
- \_\_\_\_\_ Grandchildren
- \_\_\_\_\_ Children
- \_\_\_\_\_ Parents
- \_\_\_\_\_ Grandparents
- \_\_\_\_\_ Great-grandparents

A5

**Do you own or rent your home?**

- Own
- Rent
- Staying with a friend or family

|                                                            |                                                                                                                         |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A6                                                         | <b>Overall, how satisfied are you with living in your current home?</b>                                                 | <input type="checkbox"/> Very satisfied<br><input type="checkbox"/> Somewhat satisfied                                                                                                                                                        | <input type="checkbox"/> Somewhat dissatisfied<br><input type="checkbox"/> Very dissatisfied                                                                                                                                                                                                                            |
| A7                                                         | <b>Overall, how satisfied are you with living on your current block?</b>                                                | <input type="checkbox"/> Very satisfied<br><input type="checkbox"/> Somewhat satisfied                                                                                                                                                        | <input type="checkbox"/> Somewhat dissatisfied<br><input type="checkbox"/> Very dissatisfied                                                                                                                                                                                                                            |
| A8                                                         | <b>Overall, how satisfied are you with living in your neighborhood?</b>                                                 | <input type="checkbox"/> Very satisfied<br><input type="checkbox"/> Somewhat satisfied                                                                                                                                                        | <input type="checkbox"/> Somewhat dissatisfied<br><input type="checkbox"/> Very dissatisfied                                                                                                                                                                                                                            |
| A9                                                         | <b>What kinds of physical repairs are needed at your home?</b><br><i>Select all that apply.</i>                         | <input type="checkbox"/> Structural repairs<br><input type="checkbox"/> Electrical repairs<br><input type="checkbox"/> Plumbing repairs<br><input type="checkbox"/> Heating, ventilation and air conditioning (HVAC) repairs                  | <input type="checkbox"/> Property maintenance (peeling paint, fence repair, broken windows, etc.)<br><input type="checkbox"/> Other *<br><input type="checkbox"/> There are no issues with my home                                                                                                                      |
| * If you selected "other," please describe: _____<br>_____ |                                                                                                                         |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                         |
| A10                                                        | <b>Why have the physical repairs needed at your home not yet been completed?</b>                                        | <input type="checkbox"/> I am planning on completing the repairs<br><input type="checkbox"/> I cannot afford the cost of the repairs<br><input type="checkbox"/> I can afford the cost of the repairs, but am not planning on completing them | <input type="checkbox"/> My landlord is responsible for the repairs and I think they WILL be completed in a timely manner<br><input type="checkbox"/> My landlord is responsible for the repairs and I think they WILL NOT be completed in a timely manner<br><input type="checkbox"/> There are no issues with my home |
| A11                                                        | <b>Do you own or lease a car?</b>                                                                                       | <input type="checkbox"/> Yes, I own a car<br><input type="checkbox"/> Yes, I lease a car<br><input type="checkbox"/> No                                                                                                                       |                                                                                                                                                                                                                                                                                                                         |
| A12                                                        | <b>How often do you have access to a car (whether yours or one that you can borrow from a friend or family member)?</b> | <input type="checkbox"/> Whenever I want<br><input type="checkbox"/> At least once per day<br><input type="checkbox"/> Once or twice a week                                                                                                   | <input type="checkbox"/> Never<br><input type="checkbox"/> Not sure<br><input type="checkbox"/> I do not drive                                                                                                                                                                                                          |
| A13                                                        | <b>How often do you travel outside the Fairfield neighborhood for work, shopping or services?</b>                       | <input type="checkbox"/> Every day<br><input type="checkbox"/> At least once per week, but not every day                                                                                                                                      | <input type="checkbox"/> At least once per month, but not every week<br><input type="checkbox"/> Less than once per month                                                                                                                                                                                               |

|                                                   |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A14                                               | How do you get most of your information about what is happening in Huntington and the Fairfield neighborhood?     | <input type="checkbox"/> Friends/neighbors<br><input type="checkbox"/> Flyers/informational mailings<br><input type="checkbox"/> City of Huntington website, e-newsletter, Facebook page or Twitter feed<br><input type="checkbox"/> Local news<br><input type="checkbox"/> City Council meetings<br><input type="checkbox"/> Churches, schools and other community organizations<br><input type="checkbox"/> I don't know where to get that information<br><input type="checkbox"/> I'm not interested in what's happening in the city or neighborhood |
| A15                                               | When you have a personal or family problem that you don't know how to solve, where do you go for help most often? | <input type="checkbox"/> Ask a friend, neighbor or family member<br><input type="checkbox"/> Ask my pastor/faith leader<br><input type="checkbox"/> Contact the property manager<br><input type="checkbox"/> Call City Hall<br><input type="checkbox"/> Go to the library<br><input type="checkbox"/> Search the internet<br><input type="checkbox"/> Other *<br><input type="checkbox"/> I don't go anywhere for help                                                                                                                                  |
| * If you selected "other," please describe: _____ |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| A16                                               | Do you know how to use a computer?                                                                                | <input type="checkbox"/> Yes, I am comfortable using a computer<br><input type="checkbox"/> Yes, but I am not proficient<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                 |
| A17                                               | Do you have a working computer at home?                                                                           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| A18                                               | Is your home computer connected to the internet?                                                                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> I don't have a home computer                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| A19                                               | If you do not have internet access at home, what is the main reason why?                                          | <input type="checkbox"/> Too expensive<br><input type="checkbox"/> Choose not to use the internet<br><input type="checkbox"/> Don't know how to access the internet                                                                                                                                                                                                                                                                                                                                                                                     |
| A20                                               | Do you currently have a working landline or mobile phone in your household?                                       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> I don't know                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| A21                                               | Do you have a smart phone that you can use to get information?                                                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

|                                                       |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|----------------------------------|---------------------------------------------------|------------------------------------------------------|------------------------------------------------|-----------------------------------------|--------------------------------------------|-------------------------------|
| A22                                                   | <p><b>What are the Fairfield neighborhood's biggest strengths?</b><br/>Select up to 3.</p>                                                                                          | <table border="0"> <tr> <td><input type="checkbox"/> Location</td> <td><input type="checkbox"/> Affordability</td> </tr> <tr> <td><input type="checkbox"/> People who live here</td> <td><input type="checkbox"/> Parks and recreation facilities</td> </tr> <tr> <td><input type="checkbox"/> Schools</td> <td><input type="checkbox"/> Safety</td> </tr> <tr> <td><input type="checkbox"/> Employment opportunities</td> <td><input type="checkbox"/> Close to family and friends</td> </tr> <tr> <td><input type="checkbox"/> Transportation access</td> <td><input type="checkbox"/> Youth programs</td> </tr> <tr> <td><input type="checkbox"/> Places of worship</td> <td><input type="checkbox"/> None</td> </tr> </table> | <input type="checkbox"/> Location             | <input type="checkbox"/> Affordability                                                                              | <input type="checkbox"/> People who live here | <input type="checkbox"/> Parks and recreation facilities | <input type="checkbox"/> Schools                      | <input type="checkbox"/> Safety  | <input type="checkbox"/> Employment opportunities | <input type="checkbox"/> Close to family and friends | <input type="checkbox"/> Transportation access | <input type="checkbox"/> Youth programs | <input type="checkbox"/> Places of worship | <input type="checkbox"/> None |
| <input type="checkbox"/> Location                     | <input type="checkbox"/> Affordability                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| <input type="checkbox"/> People who live here         | <input type="checkbox"/> Parks and recreation facilities                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| <input type="checkbox"/> Schools                      | <input type="checkbox"/> Safety                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| <input type="checkbox"/> Employment opportunities     | <input type="checkbox"/> Close to family and friends                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| <input type="checkbox"/> Transportation access        | <input type="checkbox"/> Youth programs                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| <input type="checkbox"/> Places of worship            | <input type="checkbox"/> None                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| A23                                                   | <p><b>What type of housing is most needed in the neighborhood?</b></p>                                                                                                              | <table border="0"> <tr> <td><input type="checkbox"/> Single-family houses</td> <td><input type="checkbox"/> Mixed-use buildings that combine housing with non-residential uses, like stores or offices</td> </tr> <tr> <td><input type="checkbox"/> Townhouses</td> <td><input type="checkbox"/> Large multi-family buildings</td> </tr> <tr> <td><input type="checkbox"/> Small multi-family buildings</td> <td><input type="checkbox"/> Other *</td> </tr> </table> <p>* If you selected "other," please describe: _____<br/>_____</p>                                                                                                                                                                                          | <input type="checkbox"/> Single-family houses | <input type="checkbox"/> Mixed-use buildings that combine housing with non-residential uses, like stores or offices | <input type="checkbox"/> Townhouses           | <input type="checkbox"/> Large multi-family buildings    | <input type="checkbox"/> Small multi-family buildings | <input type="checkbox"/> Other * |                                                   |                                                      |                                                |                                         |                                            |                               |
| <input type="checkbox"/> Single-family houses         | <input type="checkbox"/> Mixed-use buildings that combine housing with non-residential uses, like stores or offices                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| <input type="checkbox"/> Townhouses                   | <input type="checkbox"/> Large multi-family buildings                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| <input type="checkbox"/> Small multi-family buildings | <input type="checkbox"/> Other *                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| A24                                                   | <p><b>Do you think that more housing specifically designed to accommodate seniors and residents with disabilities is needed in the Fairfield neighborhood?</b></p>                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> I don't know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| A25                                                   | <p><b>Do you feel that there are enough support services in the Fairfield neighborhood to assist seniors and residents with disabilities?</b></p>                                   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> I don't know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| A26                                                   | <p><b>Thinking about the Fairfield neighborhood, tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statements:</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| a                                                     | <p><b>People are willing to help their neighbors.</b></p>                                                                                                                           | <table border="0"> <tr> <td><input type="checkbox"/> Strongly agree</td> <td><input type="checkbox"/> Somewhat disagree</td> </tr> <tr> <td><input type="checkbox"/> Somewhat agree</td> <td><input type="checkbox"/> Strongly disagree</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Strongly agree       | <input type="checkbox"/> Somewhat disagree                                                                          | <input type="checkbox"/> Somewhat agree       | <input type="checkbox"/> Strongly disagree               |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| <input type="checkbox"/> Strongly agree               | <input type="checkbox"/> Somewhat disagree                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| <input type="checkbox"/> Somewhat agree               | <input type="checkbox"/> Strongly disagree                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| b                                                     | <p><b>People can be trusted.</b></p>                                                                                                                                                | <table border="0"> <tr> <td><input type="checkbox"/> Strongly agree</td> <td><input type="checkbox"/> Somewhat disagree</td> </tr> <tr> <td><input type="checkbox"/> Somewhat agree</td> <td><input type="checkbox"/> Strongly disagree</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Strongly agree       | <input type="checkbox"/> Somewhat disagree                                                                          | <input type="checkbox"/> Somewhat agree       | <input type="checkbox"/> Strongly disagree               |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| <input type="checkbox"/> Strongly agree               | <input type="checkbox"/> Somewhat disagree                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| <input type="checkbox"/> Somewhat agree               | <input type="checkbox"/> Strongly disagree                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| c                                                     | <p><b>People work together to improve the community.</b></p>                                                                                                                        | <table border="0"> <tr> <td><input type="checkbox"/> Strongly agree</td> <td><input type="checkbox"/> Somewhat disagree</td> </tr> <tr> <td><input type="checkbox"/> Somewhat agree</td> <td><input type="checkbox"/> Strongly disagree</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Strongly agree       | <input type="checkbox"/> Somewhat disagree                                                                          | <input type="checkbox"/> Somewhat agree       | <input type="checkbox"/> Strongly disagree               |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| <input type="checkbox"/> Strongly agree               | <input type="checkbox"/> Somewhat disagree                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| <input type="checkbox"/> Somewhat agree               | <input type="checkbox"/> Strongly disagree                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| d                                                     | <p><b>I have a lot of friends in the community.</b></p>                                                                                                                             | <table border="0"> <tr> <td><input type="checkbox"/> Strongly agree</td> <td><input type="checkbox"/> Somewhat disagree</td> </tr> <tr> <td><input type="checkbox"/> Somewhat agree</td> <td><input type="checkbox"/> Strongly disagree</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Strongly agree       | <input type="checkbox"/> Somewhat disagree                                                                          | <input type="checkbox"/> Somewhat agree       | <input type="checkbox"/> Strongly disagree               |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| <input type="checkbox"/> Strongly agree               | <input type="checkbox"/> Somewhat disagree                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| <input type="checkbox"/> Somewhat agree               | <input type="checkbox"/> Strongly disagree                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| e                                                     | <p><b>The neighborhood parks and recreational facilities contribute positively to my family's quality of life</b></p>                                                               | <table border="0"> <tr> <td><input type="checkbox"/> Strongly agree</td> <td><input type="checkbox"/> Somewhat disagree</td> </tr> <tr> <td><input type="checkbox"/> Somewhat agree</td> <td><input type="checkbox"/> Strongly disagree</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Strongly agree       | <input type="checkbox"/> Somewhat disagree                                                                          | <input type="checkbox"/> Somewhat agree       | <input type="checkbox"/> Strongly disagree               |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| <input type="checkbox"/> Strongly agree               | <input type="checkbox"/> Somewhat disagree                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |
| <input type="checkbox"/> Somewhat agree               | <input type="checkbox"/> Strongly disagree                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                     |                                               |                                                          |                                                       |                                  |                                                   |                                                      |                                                |                                         |                                            |                               |

|     |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A27 | <p>If classes or programs (such as owning and maintaining a home, computer skills, financial counseling/credit repair, nutrition/healthy lifestyles, or recreation) were offered in your neighborhood, what is the likelihood that you would attend?</p> | <input type="checkbox"/> Very likely<br><input type="checkbox"/> Likely<br><input type="checkbox"/> Unlikely<br><input type="checkbox"/> Very unlikely                                                                                                                                                                                                                                                                                                                                                                    |
| A28 | <p>Are there any barriers that would keep you from attending classes or programs, if they were available?</p> <p><i>Select all that apply.</i></p>                                                                                                       | <input type="checkbox"/> Not knowing about what is being offered<br><input type="checkbox"/> Other things that I need to do<br><input type="checkbox"/> Time commitment<br><input type="checkbox"/> Services that are offered at inconvenient times<br><input type="checkbox"/> Might not meet eligibility requirements<br><input type="checkbox"/> May need childcare so that I can access services<br><input type="checkbox"/> Lack of transportation to program locations<br><input type="checkbox"/> Lack of interest |
| A29 | <p>How often do you see litter and trash on the sidewalks or streets?</p>                                                                                                                                                                                | <input type="checkbox"/> Always<br><input type="checkbox"/> Often<br><input type="checkbox"/> Rarely<br><input type="checkbox"/> Never                                                                                                                                                                                                                                                                                                                                                                                    |
| A30 | <p>How often do you often see graffiti on buildings and walls?</p>                                                                                                                                                                                       | <input type="checkbox"/> Always<br><input type="checkbox"/> Often<br><input type="checkbox"/> Rarely<br><input type="checkbox"/> Never                                                                                                                                                                                                                                                                                                                                                                                    |
| A31 | <p>How often do you see abandoned cars in the neighborhood?</p>                                                                                                                                                                                          | <input type="checkbox"/> Always<br><input type="checkbox"/> Often<br><input type="checkbox"/> Rarely<br><input type="checkbox"/> Never                                                                                                                                                                                                                                                                                                                                                                                    |

**END OF NEIGHBORHOOD, HOUSING & MOBILITY SURVEY**



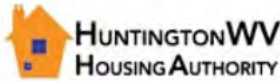


# FAIRFIELD INNOVATION PLAN CHOICE NEIGHBORHOOD RESIDENT SURVEY

## EDUCATION & YOUTH

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#### NAME

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**Tuesday, April 30, 2019 at 5:00 PM**

**SECTIONS:** This survey includes four (4) sections that you may complete:

- A. Neighborhood, Housing & Mobility
- B. Education & Youth
- C. Safety & Health
- D. Employment & Job Training

You are not required to complete each section, but you are encouraged to complete those sections that interest you most.

**RAFFLE:** For each section that is completed and submitted, you will receive one (1) raffle ticket that will automatically enter you for a chance to win one (1) of the following prizes:

- A \$150 Amazon Gift Card (Quantity: 1)
- A \$50 Amazon Gift Card (Quantity: 3)

Each participant may earn no more than four (4) raffle tickets. Your name and email or phone number must be provided to be entered into the raffle. The drawing will be held on Wednesday, May 1, 2019. You do not need to be present at the drawing to win.

**SUBMISSION:** The survey may be submitted in any of the following ways:

- An online survey may be completed and submitted at: [www.fairfieldinnovation.com](http://www.fairfieldinnovation.com)
- A completed paper survey may be dropped off OR mailed to:
  - Scott Lemley, Director of Planning & Development**
  - Room L7, City Hall, 800 Fifth Avenue, Huntington, WV 25701**
- A completed paper survey may be scanned and emailed to Scott Lemley, Director of Planning & Development, at [lemleys@cityofhuntington.com](mailto:lemleys@cityofhuntington.com)

\* Your name and contact information will be used for the purpose of the raffle drawing only and will not be linked to the survey answers that you provide.

# EDUCATION & YOUTH SURVEY

|                                                                                        |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                   |                                                            |                                                                                        |                                                                              |                                                             |                                                                |                                                                        |                                  |                                                                                  |                                                                                  |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| B1                                                                                     | Do you think that the Fairfield neighborhood is a good place to raise children?                                                                                                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> I have mixed feelings<br><input type="checkbox"/> I don't know |                                                                   |                                                            |                                                                                        |                                                                              |                                                             |                                                                |                                                                        |                                  |                                                                                  |                                                                                  |
| B2                                                                                     | Do any children or teenagers under the age of 18 live in your home?                                                                                                                         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No *<br><b>* If you answered "No," please skip questions B3 - B19.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                   |                                                            |                                                                                        |                                                                              |                                                             |                                                                |                                                                        |                                  |                                                                                  |                                                                                  |
| B3                                                                                     | Do any children living in your home (ages 0-5) currently participate in an early childhood education program (Early Head Start, Head Start, pre-school, pre-K or other child care program)? | <table border="0"> <tr> <td><input type="checkbox"/> Yes, Early Head Start</td> <td><input type="checkbox"/> No, children stay at home with me</td> </tr> <tr> <td><input type="checkbox"/> Yes, Head Start</td> <td><input type="checkbox"/> No, another family member watches them</td> </tr> <tr> <td><input type="checkbox"/> Yes, a pre-school or pre-K program</td> <td><input type="checkbox"/> No, a friend or neighbor watches them</td> </tr> <tr> <td><input type="checkbox"/> Yes, other child care program run at a center</td> <td><input type="checkbox"/> Other *</td> </tr> <tr> <td><input type="checkbox"/> Yes, other child care program run out of someone's home</td> <td><input type="checkbox"/> There are no pre-school-aged children living in my home</td> </tr> </table> <p>* If you selected "other," please describe: _____</p> |                                                                                         | <input type="checkbox"/> Yes, Early Head Start                    | <input type="checkbox"/> No, children stay at home with me | <input type="checkbox"/> Yes, Head Start                                               | <input type="checkbox"/> No, another family member watches them              | <input type="checkbox"/> Yes, a pre-school or pre-K program | <input type="checkbox"/> No, a friend or neighbor watches them | <input type="checkbox"/> Yes, other child care program run at a center | <input type="checkbox"/> Other * | <input type="checkbox"/> Yes, other child care program run out of someone's home | <input type="checkbox"/> There are no pre-school-aged children living in my home |
| <input type="checkbox"/> Yes, Early Head Start                                         | <input type="checkbox"/> No, children stay at home with me                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                   |                                                            |                                                                                        |                                                                              |                                                             |                                                                |                                                                        |                                  |                                                                                  |                                                                                  |
| <input type="checkbox"/> Yes, Head Start                                               | <input type="checkbox"/> No, another family member watches them                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                   |                                                            |                                                                                        |                                                                              |                                                             |                                                                |                                                                        |                                  |                                                                                  |                                                                                  |
| <input type="checkbox"/> Yes, a pre-school or pre-K program                            | <input type="checkbox"/> No, a friend or neighbor watches them                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                   |                                                            |                                                                                        |                                                                              |                                                             |                                                                |                                                                        |                                  |                                                                                  |                                                                                  |
| <input type="checkbox"/> Yes, other child care program run at a center                 | <input type="checkbox"/> Other *                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                   |                                                            |                                                                                        |                                                                              |                                                             |                                                                |                                                                        |                                  |                                                                                  |                                                                                  |
| <input type="checkbox"/> Yes, other child care program run out of someone's home       | <input type="checkbox"/> There are no pre-school-aged children living in my home                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                   |                                                            |                                                                                        |                                                                              |                                                             |                                                                |                                                                        |                                  |                                                                                  |                                                                                  |
| B4                                                                                     | What prevents you from enrolling young children living in your home in child care or preschool programs?                                                                                    | <table border="0"> <tr> <td><input type="checkbox"/> I don't know what programs are available</td> <td><input type="checkbox"/> Lack of transportation</td> </tr> <tr> <td><input type="checkbox"/> I believe they are too young to enroll in child care programs</td> <td><input type="checkbox"/> Inconvenience</td> </tr> <tr> <td><input type="checkbox"/> Cost</td> <td><input type="checkbox"/> Distrust of child care workers</td> </tr> <tr> <td><input type="checkbox"/> No available child care slots</td> <td><input type="checkbox"/> Other *</td> </tr> <tr> <td><input type="checkbox"/> I like having them at home with me during the day</td> <td><input type="checkbox"/> There are no young children living in my home</td> </tr> </table> <p>* If you selected "other," please describe: _____</p>                                         |                                                                                         | <input type="checkbox"/> I don't know what programs are available | <input type="checkbox"/> Lack of transportation            | <input type="checkbox"/> I believe they are too young to enroll in child care programs | <input type="checkbox"/> Inconvenience                                       | <input type="checkbox"/> Cost                               | <input type="checkbox"/> Distrust of child care workers        | <input type="checkbox"/> No available child care slots                 | <input type="checkbox"/> Other * | <input type="checkbox"/> I like having them at home with me during the day       | <input type="checkbox"/> There are no young children living in my home           |
| <input type="checkbox"/> I don't know what programs are available                      | <input type="checkbox"/> Lack of transportation                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                   |                                                            |                                                                                        |                                                                              |                                                             |                                                                |                                                                        |                                  |                                                                                  |                                                                                  |
| <input type="checkbox"/> I believe they are too young to enroll in child care programs | <input type="checkbox"/> Inconvenience                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                   |                                                            |                                                                                        |                                                                              |                                                             |                                                                |                                                                        |                                  |                                                                                  |                                                                                  |
| <input type="checkbox"/> Cost                                                          | <input type="checkbox"/> Distrust of child care workers                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                   |                                                            |                                                                                        |                                                                              |                                                             |                                                                |                                                                        |                                  |                                                                                  |                                                                                  |
| <input type="checkbox"/> No available child care slots                                 | <input type="checkbox"/> Other *                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                   |                                                            |                                                                                        |                                                                              |                                                             |                                                                |                                                                        |                                  |                                                                                  |                                                                                  |
| <input type="checkbox"/> I like having them at home with me during the day             | <input type="checkbox"/> There are no young children living in my home                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                   |                                                            |                                                                                        |                                                                              |                                                             |                                                                |                                                                        |                                  |                                                                                  |                                                                                  |
| B5                                                                                     | How many times have you or another adult read to a child (under age 8) living in your home in the past week?                                                                                | <table border="0"> <tr> <td><input type="checkbox"/> Not at all</td> <td><input type="checkbox"/> Every day</td> </tr> <tr> <td><input type="checkbox"/> Once or twice</td> <td><input type="checkbox"/> There are no children under age 8 living in my home</td> </tr> <tr> <td><input type="checkbox"/> Three or more times</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         | <input type="checkbox"/> Not at all                               | <input type="checkbox"/> Every day                         | <input type="checkbox"/> Once or twice                                                 | <input type="checkbox"/> There are no children under age 8 living in my home | <input type="checkbox"/> Three or more times                |                                                                |                                                                        |                                  |                                                                                  |                                                                                  |
| <input type="checkbox"/> Not at all                                                    | <input type="checkbox"/> Every day                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                   |                                                            |                                                                                        |                                                                              |                                                             |                                                                |                                                                        |                                  |                                                                                  |                                                                                  |
| <input type="checkbox"/> Once or twice                                                 | <input type="checkbox"/> There are no children under age 8 living in my home                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                   |                                                            |                                                                                        |                                                                              |                                                             |                                                                |                                                                        |                                  |                                                                                  |                                                                                  |
| <input type="checkbox"/> Three or more times                                           |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                   |                                                            |                                                                                        |                                                                              |                                                             |                                                                |                                                                        |                                  |                                                                                  |                                                                                  |



| <b>B6</b> |                                                                                              | <b>Please rate your satisfaction with the public school(s) the children or teenagers living in your home attend.</b>        |                                                                                                                                         |
|-----------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b>  | <b>Spring Hill Elementary (PreK - 5th grade)</b>                                             | <input type="checkbox"/> Very happy<br><input type="checkbox"/> Somewhat happy<br><input type="checkbox"/> Somewhat unhappy | <input type="checkbox"/> Very unhappy *<br><input type="checkbox"/> N/A – no child attending Spring Hill Elementary                     |
|           | * If you selected “very unhappy,” please explain why: _____<br>_____                         |                                                                                                                             |                                                                                                                                         |
| <b>b</b>  | <b>Meadows Elementary (PreK - 5th grade)</b>                                                 | <input type="checkbox"/> Very happy<br><input type="checkbox"/> Somewhat happy<br><input type="checkbox"/> Somewhat unhappy | <input type="checkbox"/> Very unhappy *<br><input type="checkbox"/> N/A – no child attending Meadows Elementary                         |
|           | * If you selected “very unhappy,” please explain why: _____<br>_____                         |                                                                                                                             |                                                                                                                                         |
| <b>c</b>  | <b>Huntington Middle School (6th grade - 8th grade)</b>                                      | <input type="checkbox"/> Very happy<br><input type="checkbox"/> Somewhat happy<br><input type="checkbox"/> Somewhat unhappy | <input type="checkbox"/> Very unhappy *<br><input type="checkbox"/> N/A – no child attending Huntington Middle School                   |
|           | * If you selected “very unhappy,” please explain why: _____<br>_____                         |                                                                                                                             |                                                                                                                                         |
| <b>d</b>  | <b>Huntington East Middle School (6th grade - 8th grade)</b>                                 | <input type="checkbox"/> Very happy<br><input type="checkbox"/> Somewhat happy<br><input type="checkbox"/> Somewhat unhappy | <input type="checkbox"/> Very unhappy *<br><input type="checkbox"/> N/A – no child attending Huntington East Middle School              |
|           | * If you selected “very unhappy,” please explain why: _____<br>_____                         |                                                                                                                             |                                                                                                                                         |
| <b>e</b>  | <b>Huntington High School (9th grade - 12th grade)</b>                                       | <input type="checkbox"/> Very happy<br><input type="checkbox"/> Somewhat happy<br><input type="checkbox"/> Somewhat unhappy | <input type="checkbox"/> Very unhappy *<br><input type="checkbox"/> N/A – no teen attending Huntington High School                      |
|           | * If you selected “very unhappy,” please explain why: _____<br>_____                         |                                                                                                                             |                                                                                                                                         |
| <b>f</b>  | <b>Another public or private school: _____<br/>_____</b>                                     | <input type="checkbox"/> Very happy<br><input type="checkbox"/> Somewhat happy<br><input type="checkbox"/> Somewhat unhappy | <input type="checkbox"/> Very unhappy *<br><input type="checkbox"/> N/A – no child or teen attending any other public or private school |
|           | * If you selected “very unhappy,” please explain why: _____<br>_____                         |                                                                                                                             |                                                                                                                                         |
| <b>B7</b> | <b>Have you met the teacher(s) of school-aged children or teenagers living in your home?</b> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                 | <input type="checkbox"/> Some of them<br><input type="checkbox"/> There are no school-aged children or teens living in my home          |

|                                                                       |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B8                                                                    | Do you participate in the school's Parent Teacher Organization (PTO) and/or attend activities at the school children or teenagers living in your home attend?                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                    | <input type="checkbox"/> Sometimes<br><input type="checkbox"/> There are no school-aged children or teens living in my home                                                                                                                                                           |
| B9                                                                    | I find report cards and other important papers sent home from school easy to understand.                                                                                                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                    | <input type="checkbox"/> Not sure<br><input type="checkbox"/> There are no school-aged children or teens living in my home                                                                                                                                                            |
| B10                                                                   | I feel welcome in the school school-aged children or teenagers living in my home attend.                                                                                                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                    | <input type="checkbox"/> Sometimes<br><input type="checkbox"/> There are no school-aged children or teens living in my home                                                                                                                                                           |
| B11                                                                   | I feel comfortable contacting teachers to find out how school-aged children or teenagers living in my home are doing.                                                                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                    | <input type="checkbox"/> Some of them<br><input type="checkbox"/> There are no school-aged children or teens living in my home                                                                                                                                                        |
| B12                                                                   | Do any of the school-aged children or teenagers living in your home receive special education services at school, such as having an Individualized Education Plan (IEP) or special needs classes? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                    | <input type="checkbox"/> I don't know<br><input type="checkbox"/> There are no school-aged children or teens living in my home                                                                                                                                                        |
| B13                                                                   | <p>Where do school-aged children or teenagers living in your home go for activities on a regular basis?</p> <p><i>Select all that apply.</i></p>                                                  | <input type="checkbox"/> A.D. Lewis Center<br><input type="checkbox"/> Fairfield East Community Center<br><input type="checkbox"/> YMCA of Huntington<br><input type="checkbox"/> Church youth programs                                        | <input type="checkbox"/> Programs at my child's school<br><input type="checkbox"/> They don't participate in out-of-school activities on a regular basis<br><input type="checkbox"/> Other *<br><input type="checkbox"/> There are no school-aged children or teens living in my home |
| <p>* If you selected "other," please describe: _____</p> <p>_____</p> |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                       |
| B14                                                                   | If school-aged children or teenagers living in your home do NOT participate in out-of-school activities on a regular basis, what is the main reason why?                                          | <input type="checkbox"/> I'm not aware of what programs are available<br><input type="checkbox"/> Lack of transportation<br><input type="checkbox"/> No one is available to bring them to and from activities<br><input type="checkbox"/> Cost | <input type="checkbox"/> They are not interested in the programs available<br><input type="checkbox"/> I don't feel that they would be welcome<br><input type="checkbox"/> Other *<br><input type="checkbox"/> There are no barriers to participation                                 |

|                                                          |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B15                                                      | <p><b>Where do school-aged children or teenagers living in your home use a computer?</b><br/> <i>Select all that apply.</i></p>                                            | <input type="checkbox"/> At school<br><input type="checkbox"/> After school program<br><input type="checkbox"/> At the Cabell County Public Library                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> In the community center<br><input type="checkbox"/> At home<br><input type="checkbox"/> They don't use a computer<br><input type="checkbox"/> There are no school-aged children or teens living in my home                                                                                                                                                                                                                                                                                                                   |
| B16                                                      | <p><b>I ask children living in my home about what went on at school each day.</b></p>                                                                                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Sometimes<br><input type="checkbox"/> I'm not sure                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| B17                                                      | <p><b>Have any high school-aged teenagers living with you dropped out of high school?</b></p>                                                                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Not yet, but they have talked about dropping out of high school<br><input type="checkbox"/> There are no high school-aged teenagers living in my home                                                                                                                                                                                                                                                                                                                                                                        |
| B18                                                      | <p><b>If high school-aged teenagers are living in your home, are they considering attending college or a post-secondary job training program?</b></p>                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> I don't know<br><input type="checkbox"/> There are no high school-aged teenagers living in my home                                                                                                                                                                                                                                                                                                                                                                                                                           |
| B19                                                      | <p><b>What neighborhood-based activities or classes would you like to have available for the children or teenagers that live with you?</b><br/> <i>Select up to 3.</i></p> | <input type="checkbox"/> Music/band/singing/dance<br><input type="checkbox"/> Recreation/sports<br><input type="checkbox"/> Social activities<br><input type="checkbox"/> Arts and crafts<br><input type="checkbox"/> Computer classes<br><input type="checkbox"/> Religious instruction<br><input type="checkbox"/> Academic tutoring/homework assistance<br><input type="checkbox"/> Mentoring<br><input type="checkbox"/> In-school medical/nutrition programs<br><input type="checkbox"/> Drug prevention | <input type="checkbox"/> Youth leadership<br><input type="checkbox"/> Cooking/healthy eating<br><input type="checkbox"/> Life skills/financial literacy/civility<br><input type="checkbox"/> Job skills training/employment assistance<br><input type="checkbox"/> Violence prevention/anti-bullying/safety programs<br><input type="checkbox"/> Safe sex education<br><input type="checkbox"/> Summer youth employment programs<br><input type="checkbox"/> Other *<br><input type="checkbox"/> There are no children or teenagers living in my home |
| <p>* If you selected "other," please describe: _____</p> |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

**END OF EDUCATION & YOUTH SURVEY**



FAIRFIELD INNOVATION PLAN  
**CHOICE NEIGHBORHOOD RESIDENT SURVEY**

**SAFETY & HEALTH**

The City of Huntington, West Virginia, and the Huntington West Virginia Housing Authority (HWWHA) have received a Choice Neighborhoods Planning Grant from the U.S. Department of Housing and Urban Development (HUD) to create a plan to revitalize and improve conditions in the Fairfield neighborhood.

We are conducting this survey to help us better understand neighborhood conditions and the needs of you and your neighbors. Your answers will provide important information on your views regarding topics such as housing, safety, neighborhood facilities and services, education, employment, transportation, health, job training, youth programming and educational services.



**YOUR INFORMATION \***

Please submit this page and the following information with your completed survey to be entered into the raffle.

**NAME**

**EMAIL**

**PHONE**

**I AM A FORMER NORTHCOTT COURT RESIDENT**

**ELIGIBILITY:** The survey may be taken by anyone who lives or works within the Fairfield neighborhood of Huntington, West Virginia.

**DEADLINE:** Completed surveys are due by:

**Tuesday, April 30, 2019 at 5:00 PM**

**SECTIONS:** This survey includes four (4) sections that you may complete:

- A. Neighborhood, Housing & Mobility
- B. Education & Youth
- C. Safety & Health
- D. Employment & Job Training

You are not required to complete each section, but you are encouraged to complete those sections that interest you most.

**RAFFLE:** For each section that is completed and submitted, you will receive one (1) raffle ticket that will automatically enter you for a chance to win one (1) of the following prizes:

- A \$150 Amazon Gift Card (Quantity: 1)
- A \$50 Amazon Gift Card (Quantity: 3)

Each participant may earn no more than four (4) raffle tickets. Your name and email or phone number must be provided to be entered into the raffle. The drawing will be held on Wednesday, May 1, 2019. You do not need to be present at the drawing to win.

**SUBMISSION:** The survey may be submitted in any of the following ways:

- An online survey may be completed and submitted at: [www.fairfieldinnovation.com](http://www.fairfieldinnovation.com)
- A completed paper survey may be dropped off OR mailed to:  
**Scott Lemley, Director of Planning & Development**  
**Room L7, City Hall, 800 Fifth Avenue, Huntington, WV 25701**
- A completed paper survey may be scanned and emailed to Scott Lemley, Director of Planning & Development, at [lemleys@cityofhuntington.com](mailto:lemleys@cityofhuntington.com)

\* Your name and contact information will be used for the purpose of the raffle drawing only and will not be linked to the survey answers that you provide.

# SAFETY & HEALTH SURVEY

|    |                                                                                |                                                                                              |                                                                               |
|----|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| C1 | Do you feel safe in the neighborhood outside of your home during the day?      | <input type="checkbox"/> Always<br><input type="checkbox"/> Usually                          | <input type="checkbox"/> Sometimes<br><input type="checkbox"/> Rarely         |
| C2 | Do you feel safe in the neighborhood outside of your home at night?            | <input type="checkbox"/> Always<br><input type="checkbox"/> Usually                          | <input type="checkbox"/> Sometimes<br><input type="checkbox"/> Rarely         |
| C3 | How has the neighborhood changed in the time you have lived here?              | <input type="checkbox"/> Getting better<br><input type="checkbox"/> About the same/no change | <input type="checkbox"/> Getting worse<br><input type="checkbox"/> No opinion |
| C4 | Are there problems with groups of people just hanging out in the neighborhood? | <input type="checkbox"/> Always<br><input type="checkbox"/> Usually                          | <input type="checkbox"/> Sometimes<br><input type="checkbox"/> Rarely         |
| C5 | Do you see people buying/selling/using drugs in the neighborhood?              | <input type="checkbox"/> Always<br><input type="checkbox"/> Usually                          | <input type="checkbox"/> Sometimes<br><input type="checkbox"/> Rarely         |
| C6 | What is the safety issue that you are most concerned with?                     | <input type="checkbox"/> Violent crime (assault, rape, homicide, robbery, muggings)          | <input type="checkbox"/> Poor street lighting                                 |
|    |                                                                                | <input type="checkbox"/> Property crimes (auto theft, vandalism, burglary)                   | <input type="checkbox"/> Noise complaints, disturbances                       |
|    |                                                                                | <input type="checkbox"/> Gun violence/shots fired                                            | <input type="checkbox"/> Unsafe housing conditions                            |
|    |                                                                                | <input type="checkbox"/> Vandalism/graffiti                                                  | <input type="checkbox"/> Tall grass/weeds                                     |
|    |                                                                                | <input type="checkbox"/> Drugs                                                               | <input type="checkbox"/> Vacant buildings                                     |
|    |                                                                                |                                                                                              | <input type="checkbox"/> Kids safely walking to and from school/activities    |
|    |                                                                                |                                                                                              | <input type="checkbox"/> Other *                                              |
|    | * If you selected "other," please describe: _____                              |                                                                                              |                                                                               |
|    | _____                                                                          |                                                                                              |                                                                               |
| C7 | Are the Huntington Police quick to respond to calls?                           | <input type="checkbox"/> Always<br><input type="checkbox"/> Usually                          | <input type="checkbox"/> Sometimes<br><input type="checkbox"/> Rarely         |
| C8 | Are the Huntington Police helpful when dealing with neighborhood residents?    | <input type="checkbox"/> Always<br><input type="checkbox"/> Usually                          | <input type="checkbox"/> Sometimes<br><input type="checkbox"/> Rarely         |
| C9 | If you saw crime in your neighborhood, what would you?                         | <input type="checkbox"/> Call the police                                                     | <input type="checkbox"/> Tell a neighbor or friend, but not call the police   |
|    |                                                                                | <input type="checkbox"/> Call the property manager                                           | <input type="checkbox"/> Keep it to yourself                                  |
|    |                                                                                | <input type="checkbox"/> Call my pastor or religious leader                                  | <input type="checkbox"/> Other *                                              |
|    |                                                                                |                                                                                              | <input type="checkbox"/> I don't know                                         |
|    | * If you selected "other," please describe: _____                              |                                                                                              |                                                                               |
|    | _____                                                                          |                                                                                              |                                                                               |

|     |                                                                                                                                                                              |                                                                                                                                                                                                           |                                                                                                                                                                                                         |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C10 | <p><b>How could the Huntington Police Department improve services in the neighborhood?</b></p> <p>Select up to 2.</p>                                                        | <input type="checkbox"/> Crime prevention advice/training<br><input type="checkbox"/> Increased police presence<br><input type="checkbox"/> Meet and work with neighborhood residents to address crime    | <input type="checkbox"/> Victim assistance<br><input type="checkbox"/> Working with youth<br><input type="checkbox"/> Increase in enforcement<br><input type="checkbox"/> Other *                       |
|     | <p>* If you selected "other," please describe: _____</p> <p>_____</p>                                                                                                        |                                                                                                                                                                                                           |                                                                                                                                                                                                         |
| C11 | <p><b>Overall, how would you rate your physical health?</b></p>                                                                                                              | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Very good<br><input type="checkbox"/> Good                                                                                                 | <input type="checkbox"/> Fair<br><input type="checkbox"/> Poor                                                                                                                                          |
| C12 | <p><b>Where do you get health care when you or a family member is sick?</b></p>                                                                                              | <input type="checkbox"/> Cabell Huntington Hospital<br><input type="checkbox"/> Ebenezer Medical Outreach<br><input type="checkbox"/> Private doctor in Huntington                                        | <input type="checkbox"/> Private doctor in another community<br><input type="checkbox"/> Urgent care center<br><input type="checkbox"/> Hospital emergency room/911<br><input type="checkbox"/> Other * |
|     | <p>* If you selected "other," please describe: _____</p> <p>_____</p>                                                                                                        |                                                                                                                                                                                                           |                                                                                                                                                                                                         |
| C13 | <p><b>How many members of your household have seen a doctor in the last 12 months for a physical exam/check-up?</b></p> <p>Indicate the number of people for each group.</p> | <p>_____ children/teens (ages 0 - 17) have seen a doctor in the last 12 months</p> <p>_____ children/teens TOTAL living in household</p>                                                                  |                                                                                                                                                                                                         |
|     |                                                                                                                                                                              | <p>_____ adults (ages 18-64) have seen a doctor in the last 12 months</p> <p>_____ adults TOTAL living in household</p>                                                                                   |                                                                                                                                                                                                         |
|     |                                                                                                                                                                              | <p>_____ seniors (ages 65+) have seen a doctor in the last 12 months</p> <p>_____ seniors TOTAL living in household</p>                                                                                   |                                                                                                                                                                                                         |
| C14 | <p><b>Has anyone in your household been diagnosed with any of the following health conditions?</b></p>                                                                       | <input type="checkbox"/> Asthma<br><input type="checkbox"/> Anxiety/stress<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> High blood pressure<br><input type="checkbox"/> Heart disease | <input type="checkbox"/> Obesity<br><input type="checkbox"/> Depression<br><input type="checkbox"/> No one in my household suffers from any of these conditions                                         |



|                                                                    |                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| C15                                                                | <p><b>Have members of your household had difficulty accessing health care services?</b><br/><i>Select all that apply.</i></p>                                | <input type="checkbox"/> Children and teens under age of 18<br><input type="checkbox"/> Adult women (ages 18 - 64)<br><input type="checkbox"/> Adult men (ages 18 - 64)<br><input type="checkbox"/> Seniors (ages 65+)<br><input type="checkbox"/> No one has difficulty accessing health care services                                                                                                                                                                                                                                                                                      |
| C16                                                                | <p><b>What prevents you or members of your household from going to the doctor for regular checkups?</b></p>                                                  | <input type="checkbox"/> Lack of health insurance coverage<br><input type="checkbox"/> Can't afford co-pays or office visits/too expensive<br><input type="checkbox"/> Lack of medical services in the neighborhood<br><input type="checkbox"/> Offices aren't open or available when convenient<br><input type="checkbox"/> Difficulty getting appointments when needed<br><input type="checkbox"/> Lack of childcare<br><input type="checkbox"/> Lack of transportation<br><input type="checkbox"/> Other *<br><input type="checkbox"/> There are no issues getting regular checkups       |
| <p>* If you selected "other," please describe: _____<br/>_____</p> |                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| C17                                                                | <p><b>During the past 12 months, have you visited a dentist for preventive dental care, such as having your teeth cleaned or for a checkup?</b></p>          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| C18                                                                | <p><b>Have members of your household had difficulty accessing dental services?</b><br/><i>Select all that apply.</i></p>                                     | <input type="checkbox"/> Children and teens under age of 18<br><input type="checkbox"/> Adult women (ages 18 - 64)<br><input type="checkbox"/> Adult men (ages 18 - 64)<br><input type="checkbox"/> Seniors (ages 65+)<br><input type="checkbox"/> No one has difficulty accessing dental services                                                                                                                                                                                                                                                                                           |
| C19                                                                | <p><b>What prevents you or members of your household from going to the dentist for regular checkups?</b></p>                                                 | <input type="checkbox"/> Lack of health insurance coverage<br><input type="checkbox"/> Can't afford co-pays or office visits/too expensive<br><input type="checkbox"/> Lack of dental services in the neighborhood<br><input type="checkbox"/> Offices aren't open or available when convenient<br><input type="checkbox"/> Difficulty getting appointments when needed<br><input type="checkbox"/> Lack of childcare<br><input type="checkbox"/> Lack of transportation<br><input type="checkbox"/> Other *<br><input type="checkbox"/> There are no issues getting regular dental checkups |
| <p>* If you selected "other," please describe: _____<br/>_____</p> |                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| C20                                                                | <p><b>In the past two years, was there a time that you needed vision services or prescriptions but didn't get them because you couldn't afford them?</b></p> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> I'm not sure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

|     |                                                                                                                                                                                   |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                              |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C21 | In the past two years, was there a time that you or people you know needed mental health services but didn't get them because of cost or availability?                            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                    | <input type="checkbox"/> I'm not sure                                                                                                                                                                                                                                        |
| C22 | In the past two years, was there a time that you or people you know needed substance abuse counseling/treatment but didn't get them because of cost or availability?              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                    | <input type="checkbox"/> I'm not sure                                                                                                                                                                                                                                        |
| C23 | Does anyone in your household smoke regularly?                                                                                                                                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                    | <input type="checkbox"/> I prefer not to respond                                                                                                                                                                                                                             |
| C24 | In the past 12 months, has your physical health ever been such a problem that you could not take a job, had to stop working or could not attend education or training activities? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                    | <input type="checkbox"/> I'm not sure                                                                                                                                                                                                                                        |
| C25 | Is anyone in your household currently pregnant?                                                                                                                                   | <input type="checkbox"/> Yes – receiving prenatal care<br><input type="checkbox"/> Yes – not receiving prenatal care                                                                                                                                           | <input type="checkbox"/> Yes – don't know if receiving prenatal care<br><input type="checkbox"/> No                                                                                                                                                                          |
| C26 | Do you or a family member have a special need or disability?                                                                                                                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                    | <input type="checkbox"/> I'm not sure                                                                                                                                                                                                                                        |
| C27 | How often have you engaged in moderate or vigorous physical activity for at least 30 minutes during the past week?                                                                | <input type="checkbox"/> Not at all<br><input type="checkbox"/> 1-2 days                                                                                                                                                                                       | <input type="checkbox"/> 3-6 days<br><input type="checkbox"/> Every day                                                                                                                                                                                                      |
| C28 | What would make you more likely to exercise?                                                                                                                                      | <input type="checkbox"/> If there was a gym in the neighborhood<br><input type="checkbox"/> If there was a walking/running path closer to my home<br><input type="checkbox"/> If there were more sports teams/ play fields for adults/youth in my neighborhood | <input type="checkbox"/> If bike rentals were available<br><input type="checkbox"/> If more dance classes were available<br><input type="checkbox"/> If I felt secure walking around my neighborhood<br><input type="checkbox"/> Nothing<br><input type="checkbox"/> Other * |
|     | * If you selected "other," please describe: _____<br>_____                                                                                                                        |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                              |
| C29 | Where do you usually shop for food for your household?                                                                                                                            | <input type="checkbox"/> Grocery store<br><input type="checkbox"/> Corner store<br><input type="checkbox"/> Dollar store<br><input type="checkbox"/> Gas station                                                                                               | <input type="checkbox"/> Food pantry<br><input type="checkbox"/> Farmers market<br><input type="checkbox"/> Large big box retail store (Target, Walmart, etc.)<br><input type="checkbox"/> Other *                                                                           |
|     | * If you selected "other," please describe: _____<br>_____                                                                                                                        |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                              |

|                                                                             |                                                                                               |                                                                                                                                                                                                                                                                            |
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| C30                                                                         | <p><b>How do you usually travel to the grocery store?</b></p>                                 | <input type="checkbox"/> Drive my own car<br><input type="checkbox"/> Drive with friend/<br>family member<br><input type="checkbox"/> Take the bus<br><input type="checkbox"/> Walk<br><input type="checkbox"/> Other *                                                    |
| <p>* If you selected "other," please describe: _____<br/>         _____</p> |                                                                                               |                                                                                                                                                                                                                                                                            |
| C31                                                                         | <p><b>How do you usually pay for groceries?</b></p>                                           | <input type="checkbox"/> Cash<br><input type="checkbox"/> Check<br><input type="checkbox"/> Supplemental<br>Nutrition Assistance<br>Program (SNAP)<br><input type="checkbox"/> Credit Card<br><input type="checkbox"/> Other *                                             |
| <p>* If you selected "other," please describe: _____<br/>         _____</p> |                                                                                               |                                                                                                                                                                                                                                                                            |
| C32                                                                         | <p><b>In the past 12 months, how often have you <u>NOT</u> had enough money for food?</b></p> | <input type="checkbox"/> Almost every month<br><input type="checkbox"/> Some months, but<br>not every month<br><input type="checkbox"/> Only 1 or 2 months<br><input type="checkbox"/> Every month I had<br>enough money for food<br><input type="checkbox"/> I don't know |

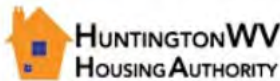
**END OF SAFETY & HEALTH SURVEY**



FAIRFIELD INNOVATION PLAN  
**CHOICE NEIGHBORHOOD RESIDENT SURVEY**  
**EMPLOYMENT & JOB TRAINING**

The City of Huntington, West Virginia, and the Huntington West Virginia Housing Authority (HWWHA) have received a Choice Neighborhoods Planning Grant from the U.S. Department of Housing and Urban Development (HUD) to create a plan to revitalize and improve conditions in the Fairfield neighborhood.

We are conducting this survey to help us better understand neighborhood conditions and the needs of you and your neighbors. Your answers will provide important information on your views regarding topics such as housing, safety, neighborhood facilities and services, education, employment, transportation, health, job training, youth programming and educational services.



**YOUR INFORMATION \***

Please submit this page and the following information with your completed survey to be entered into the raffle.

**NAME**

**EMAIL**

**PHONE**

**I AM A FORMER NORTHCOTT COURT RESIDENT**

**ELIGIBILITY:** The survey may be taken by anyone who lives or works within the Fairfield neighborhood of Huntington, West Virginia.

**DEADLINE:** Completed surveys are due by:

**Tuesday, April 30, 2019 at 5:00 PM**

**SECTIONS:** This survey includes four (4) sections that you may complete:

- A. Neighborhood, Housing & Mobility
- B. Education & Youth
- C. Safety & Health
- D. Employment & Job Training

You are not required to complete each section, but you are encouraged to complete those sections that interest you most.

**RAFFLE:** For each section that is completed and submitted, you will receive one (1) raffle ticket that will automatically enter you for a chance to win one (1) of the following prizes:

- A \$150 Amazon Gift Card (Quantity: 1)
- A \$50 Amazon Gift Card (Quantity: 3)

Each participant may earn no more than four (4) raffle tickets. Your name and email or phone number must be provided to be entered into the raffle. The drawing will be held on Wednesday, May 1, 2019. You do not need to be present at the drawing to win.

**SUBMISSION:** The survey may be submitted in any of the following ways:

- An online survey may be completed and submitted at: [www.fairfieldinnovation.com](http://www.fairfieldinnovation.com)
- A completed paper survey may be dropped off OR mailed to:
  - Scott Lemley, Director of Planning & Development**
  - Room L7, City Hall, 800 Fifth Avenue, Huntington, WV 25701**
- A completed paper survey may be scanned and emailed to Scott Lemley, Director of Planning & Development, at [lemleys@cityofhuntington.com](mailto:lemleys@cityofhuntington.com)

\* Your name and contact information will be used for the purpose of the raffle drawing only and will not be linked to the survey answers that you provide.

## EMPLOYMENT & JOB TRAINING SURVEY

|                                                                       |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D1                                                                    | How many adult members (ages 18+) of your household are employed or unemployed?                                        | <input type="checkbox"/> Employed full time<br><input type="checkbox"/> Employed part time<br><input type="checkbox"/> Unemployed, looking for work<br><input type="checkbox"/> Unemployed, NOT looking for work                                                                                                                                                                                                                                                                                                                                                                    |
| D2                                                                    | Does any member of your household have more than one job?                                                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| D3                                                                    | On average, how many hours per week do you work for pay?                                                               | <input type="checkbox"/> I don't work for pay<br><input type="checkbox"/> Less than 20<br><input type="checkbox"/> Between 20 and 35<br><input type="checkbox"/> More than 35                                                                                                                                                                                                                                                                                                                                                                                                       |
| D4                                                                    | Do you have paid sick leave through your job?                                                                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> I am not currently working                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| D5                                                                    | If you are employed, how long have you been working at your current job?                                               | <input type="checkbox"/> Less than 1 year<br><input type="checkbox"/> 1 to 3 years<br><input type="checkbox"/> More than 3 years<br><input type="checkbox"/> I am not currently working                                                                                                                                                                                                                                                                                                                                                                                             |
| D6                                                                    | In the past 12 months, have you earned money through sources other than a formal job?                                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| D7                                                                    | <p>If there are adults in your household who are unemployed, what are the main reasons why?</p> <p>Select up to 3.</p> | <input type="checkbox"/> Don't meet employment requirements<br><input type="checkbox"/> Have a criminal record<br><input type="checkbox"/> Caring for young children or other family member<br><input type="checkbox"/> Can't find affordable child care<br><input type="checkbox"/> Don't have transportation to get to available jobs<br><input type="checkbox"/> Would lose benefits<br><input type="checkbox"/> In school/training program<br><input type="checkbox"/> Have a disability<br><input type="checkbox"/> Senior citizen/retired<br><input type="checkbox"/> Other * |
| <p>* If you selected "other," please describe: _____</p> <p>_____</p> |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| D8                                                                    | Are you or any adults in your household interested in any type of job skill training?                                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> I don't know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|     |                                                                                               |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                               |
|-----|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D9  | <p><b>What kinds of job services would be most helpful?</b><br/>Select up to 3.</p>           | <input type="checkbox"/> Job readiness services such as resume writing and interview practice<br><input type="checkbox"/> Job club/support group<br><input type="checkbox"/> Basic computer skill training<br><input type="checkbox"/> GED classes                | <input type="checkbox"/> Training in high-demand career fields (health care, logistics, etc.)<br><input type="checkbox"/> On-the-job training programs<br><input type="checkbox"/> Job placement services<br><input type="checkbox"/> Other * |
|     | <p>* If you selected "other," please describe: _____</p>                                      |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                               |
| D10 | <p><b>What forms of banking do you use?</b><br/>Select all that apply.</p>                    | <input type="checkbox"/> I have a checking account/debit card from a bank<br><input type="checkbox"/> I have a savings account at a bank<br><input type="checkbox"/> I have a credit card<br><input type="checkbox"/> I don't have any bank/credit union accounts | <input type="checkbox"/> I use a check cashing service<br><input type="checkbox"/> A friend/family member cashes checks for me<br><input type="checkbox"/> Other *                                                                            |
|     | <p>* If you selected "other," please describe: _____</p>                                      |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                               |
| D11 | <p><b>If you do not currently have a bank account, are you interested in opening one?</b></p> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                       | <input type="checkbox"/> N/A – I already have a bank account                                                                                                                                                                                  |
| D12 | <p><b>What is your biggest challenge to saving money?</b></p>                                 | <input type="checkbox"/> I don't have a job<br><input type="checkbox"/> I don't make enough money to save<br><input type="checkbox"/> I'm paying off my debts                                                                                                     | <input type="checkbox"/> I have to pay child support<br><input type="checkbox"/> I don't know how to save money<br><input type="checkbox"/> I don't know why I need to save money                                                             |
| D13 | <p><b>Do you know your credit score?</b></p>                                                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                       |                                                                                                                                                                                                                                               |

**END OF EMPLOYMENT & JOB TRAINING SURVEY**