

## 59 Healthcare for Family Members

Last Modified: 09/08/2013

Filter By: Report Subgroup

1. Name of Interviewer:

Text Response	
Reilly	
Carlton Allen	

Statistic	Value
Total Responses	2

2. My name is (name of interviewer), and I am a/an (student, volunteer, staff member) at (name of institution/facility). I am inviting you to participate in a research study. Involvement in the study is voluntary, so you may choose to participate or not. I am going to explain the study to you. Please feel free to ask any questions that you may have about the research; I will be happy to explain anything in greater detail. I am interested in learning more about your family's resources and needs. You will be asked to answer survey questions that include education, employment, housing, healthcare, and other basic needs. This will take approximately 30 - 45 minutes of your time. All information will be kept anonymous. This means that your name will not appear anywhere and no one except me will know about your specific answers. The benefit of this research is that you will be helping the East Texas Human Needs Network to better understand our community needs, the resources available, and the services that are still needed. This information will help us to work together to address services that are needed the most. There are no risks to you for participating in this study, and no penalty for not participating. If you do not wish to continue, you have the right to stop, at any time. Before we begin, I want to make sure that you understand the information I have told you about this project and your rights. Please tell me in your own words what you understand about this project and your rights as a participant. (if they are unsure or unclear about any elements of information, tell them again, and ask again that they tell you what they understand.) Now that you understand the study, are you willing to help me with this survey?

#	Answer	Bar	Response	%
4	Yes		2	67%
5	No		1	33%
6	Already completed. Where?		0	0%
	Total		3	

**Already completed. Where?**




Statistic	Value
Min Value	4
Max Value	5
Mean	4.33
Variance	0.33
Standard Deviation	0.58
Total Responses	3

3. Today's date?

Text Response
06/24/13
07/10/13
07/10/13

Statistic	Value
Total Responses	3

4. Location of interview:

#	Answer	Bar	Response	%
1	Allegiance Home Health		0	0%
2	Andrews Center		0	0%
3	ETCADA		0	0%
4	ETCIL		0	0%
5	ETMC		0	0%
6	Gateway to Hope		0	0%
7	Literacy Council of Tyler		1	33%
8	Mission Tyler / Hunger for Love		0	0%
9	New Creation Foundation		0	0%
10	PATH		1	33%
11	Salvation Army		0	0%
12	Total Healthcare Center		0	0%
13	UT Health Northeast		1	33%
14	Veterans and Community Roundtable		0	0%
15	Other		0	0%
	Total		3	

**Other**




Statistic	Value
Min Value	7
Max Value	13
Mean	10.00
Variance	9.00
Standard Deviation	3.00
Total Responses	3

5. What is your age?

Text Response
60
49
49

Statistic	Value
Total Responses	3

6. How far did you go in School?

#	Answer	Bar	Response	%
1	8th grade or less		0	0%
2	Associate's Degree		0	0%
3	Bachelor's Degree		0	0%
4	Did not attend school		0	0%
5	Doctoral Degree		0	0%
6	GED		0	0%
7	High School Diploma		1	33%
8	Master's Degree		1	33%
9	Other?		0	0%
10	Professional Certification		0	0%
11	Some College		1	33%
12	Some High School		0	0%
13	Trade School		0	0%
	Total		3	

Other?

Statistic	Value
Min Value	7
Max Value	11
Mean	8.67
Variance	4.33
Standard Deviation	2.08
Total Responses	3


7. I am going to read you a list of agencies in our community. Please tell me if each one is providing you and your family with help?

#	Answer	Bar	Response	%
1	Andrew's Center		0	0%
2	Benevolence Center (East Erwin Church)		0	0%
3	Bethesda Clinic		0	0%
4	Community Health Clinic (Glenwood)		1	33%
5	Cornerstone Assistance Network		1	33%
6	East Texas Center for Independent Living		0	0%
7	East Texas Crisis Center		0	0%
8	Goodwill		0	0%
9	Literacy Council		0	0%
10	Loaves & Fishes (Christ Episcopal)		0	0%
11	Meals on Wheels		0	0%
12	Parents Services		0	0%
13	PATH		1	33%
14	Salvation Army		0	0%
15	St. Paul Children's Foundation		0	0%
16	St. Vincent de Paul (Cathedral)		0	0%
17	Tyler AIDS Services		0	0%
18	Transportation Agency		0	0%
19	Other (please specify)		0	0%
20	NONE		1	33%

Transportation Agency	Other (please specify)
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Statistic	Value
Min Value	4
Max Value	20
Total Responses	3




8. Are you able to work?

#	Answer	Bar	Response	%
1	Yes		3	100%
2	No		0	0%
	Total		3	

Statistic	Value
Min Value	1
Max Value	1
Mean	1.00
Variance	0.00
Standard Deviation	0.00
Total Responses	3



9. What is your employment status?

#	Answer	Bar	Response	%
1	Full time		1	33%
2	Part time		0	0%
3	Seasonal		0	0%
4	Unemployed		1	33%
5	Not working, retired		1	33%
	Total		3	

Statistic	Value
Min Value	1
Max Value	5
Mean	3.33
Variance	4.33
Standard Deviation	2.08
Total Responses	3

10. Are you satisfied with your job?

#	Answer	Bar	Response	%
1	Yes		0	0%
2	No		1	100%
	Total		1	



Statistic	Value
Min Value	2
Max Value	2
Mean	2.00
Variance	0.00
Standard Deviation	0.00
Total Responses	1

11. Are you currently looking for work?

#	Answer	Bar	Response	%
1	Yes		0	0%
2	No		2	100%
	Total		2	

Statistic	Value
Min Value	2
Max Value	2
Mean	2.00
Variance	0.00
Standard Deviation	0.00
Total Responses	2








12. If you are unemployed, please tell me about the reasons that you are unemployed. (Don't read the list, just check all that apply based on what they tell you. If legal difficulties are mentioned, ask if you can read a list of specific legal issues for them to tell you yes or no on each.)

#	Answer	Bar	Response	%
1	Attempting to flee domestic abuse or sexual assault		0	0%
2	Criminal Background		0	0%
3	Criminal background: Misdemeanor		0	0%
4	Criminal background: felony		0	0%
5	Criminal background: deferred adjudication		0	0%
6	Criminal background: probation		0	0%
7	Criminal background: awaiting outcome		0	0%
8	Domestic violence/sexual assault victim		0	0%
9	Drug/alcohol problem		0	0%
10	Lack childcare		0	0%
11	Lack permanent address		0	0%
12	Lack proper clothing		0	0%
13	Lack skills/education		0	0%
14	Lack transportation		0	0%
15	Lack US documents		0	0%
16	Language barrier		0	0%
17	Layoff or Downsizing		0	0%
18	Learning/developmental disability		0	0%
19	Mental health problem		0	0%
20	Other health issues		0	0%
21	Permanent physical disability		1	50%
22	Sexual orientation or gender identity		0	0%
23	Temporary physical disability		0	0%
24	Unaccompanied youth		0	0%
25	Other (please specify)		1	50%

**Other (please specify)**  
 o worker's comp right now


Statistic	Value
Min Value	21
Max Value	25
Total Responses	2

13. Please tell me if you would like help with any of these job related activities? (Read list and check all that apply)

#	Answer	Bar	Response	%
1	Career assessment		3	100%
2	Career/job training		2	67%
3	Job search strategies		2	67%
4	Job Interviewing skills		1	33%
5	Resume writing		1	33%
6	Career Information options		1	33%
7	Work clothes		1	33%
8	None		0	0%




Statistic	Value
Min Value	1
Max Value	7
Total Responses	3

14. Do you have reliable telephone access?

#	Answer	Bar	Response	%
1	Yes		3	100%
2	No		0	0%
	Total		3	

Statistic	Value
Min Value	1
Max Value	1
Mean	1.00
Variance	0.00
Standard Deviation	0.00
Total Responses	3

15. Which kinds of telephones do you have? (Mark all that apply)

#	Answer	Bar	Response	%
1	Home phone		3	100%
2	Cell phone		2	67%
3	Work phone		1	33%

Statistic	Value
Min Value	1
Max Value	3
Total Responses	3

16. Do you have access to the Internet?

#	Answer	Bar	Response	%
1	Yes		1	33%
2	No		2	67%
	Total		3	

Statistic	Value
Min Value	1
Max Value	2
Mean	1.67
Variance	0.33
Standard Deviation	0.58
Total Responses	3



17. Where do you usually check the internet? (Read List, check all that apply)

#	Answer	Bar	Response	%
1	At home		0	0%
2	At work		1	100%
3	At the library		0	0%
4	At a friend's home		0	0%
5	At a family member's home		0	0%
6	Other		0	0%

**Other**




Statistic	Value
Min Value	2
Max Value	2
Total Responses	1

18. What is your Zip code?

Text Response
75701
75771
75770

Statistic	Value
Total Responses	3



19. In what town do you usually stay?

#	Answer	Bar	Response	%
1	Arp		0	0%
2	Bullard		0	0%
3	Chapel Hill		0	0%
4	Flint		0	0%
5	Gladewater		0	0%
6	Gresham		0	0%
7	Lindale		1	33%
8	Mineola		0	0%
9	Noonday		0	0%
10	Outside of Smith County		0	0%
11	Rural Smith County		0	0%
12	Smith County		0	0%
13	Troup		0	0%
14	Tyler		1	33%
15	Whitehouse		0	0%
16	Winona		0	0%
17	Other		1	33%
	Total		3	

Other
Laraue

Statistic	Value
Min Value	7
Max Value	17
Mean	12.67
Variance	26.33
Standard Deviation	5.13
Total Responses	3

20. What is your housing status?

#	Answer	Bar	Response	%
1	Own		1	33%
2	Rent		2	67%
3	Staying with friends or family		0	0%
4	Homeless- streets/car		0	0%
5	Homeless - shelter		0	0%
6	Homeless - transitional housing (HUD temporary)		0	0%
7	Hotel/motel		0	0%
8	Nursing/long term care		0	0%
9	Assisted living		0	0%
10	Group home		0	0%
12	Halfway house		0	0%
11	Other		0	0%
	Total		3	

**Other**

Statistic	Value
Min Value	1
Max Value	2
Mean	1.67
Variance	0.33
Standard Deviation	0.58
Total Responses	3

21. Are you Hispanic or Latino

#	Answer	Bar	Response	%
1	Yes		0	0%
2	No		3	100%
	Total		3	

Statistic	Value
Min Value	2
Max Value	2
Mean	2.00
Variance	0.00
Standard Deviation	0.00
Total Responses	3






22. What is your race

#	Answer	Bar	Response	%
1	American Indian or Alaska Native		0	0%
2	Asian		0	0%
3	Black or African American		3	100%
4	Native Hawaiian or Other Pacific Islander		0	0%
5	White		0	0%
6	American Indian or Alaska Native and White		0	0%
7	Asian and White		0	0%
8	Black or African American and White		0	0%
9	American Indian or Alaska Native and Black or African American		0	0%
10	Other Multiple race combinations greater than one percent		0	0%
	Total		3	

Other Multiple race combinations greater than one percent

Statistic	Value
Min Value	3
Max Value	3
Mean	3.00
Variance	0.00
Standard Deviation	0.00
Total Responses	3



23. What language do you speak at home?

#	Answer	Bar	Response	%
1	English		3	100%
2	Spanish		0	0%
4	Spanish and English		0	0%
3	Other (please specify)		0	0%
	Total		3	

Other (please specify)

Statistic	Value
Min Value	1
Max Value	1
Mean	1.00
Variance	0.00
Standard Deviation	0.00
Total Responses	3



24. What is your marital status?

#	Answer	Bar	Response	%
1	Single		0	0%
2	Married		2	67%
3	Widowed		1	33%
4	Divorced		0	0%
5	Separated		0	0%
6	Living with romantic partner		0	0%
	Total		3	

Statistic	Value
Min Value	2
Max Value	3
Mean	2.33
Variance	0.33
Standard Deviation	0.58
Total Responses	3




25. Do you have minor children (under 18)?

#	Answer	Bar	Response	%
1	Yes		1	33%
2	No		2	67%
	Total		3	

Statistic	Value
Min Value	1
Max Value	2
Mean	1.67
Variance	0.33
Standard Deviation	0.58
Total Responses	3

26. Are you your child(ren)'s primary caretaker?

#	Answer	Bar	Response	%
1	Yes		1	100%
2	No		0	0%
	Total		1	

Statistic	Value
Min Value	1
Max Value	1
Mean	1.00
Variance	0.00
Standard Deviation	0.00
Total Responses	1

27. If you have children or other dependents under your care: What is your family situation?

#	Answer	Bar	Response	%
1	Single mom		0	0%
2	Single dad		0	0%
3	Two parents		1	100%
4	Raising own children and children of others		0	0%
5	Raising children of other family members (I am a grandparent, aunt, etc.)		0	0%
6	Raising someone else's children, not family		0	0%
7	Foster parents		0	0%
8	Shared custody		0	0%
9	Other		0	0%
10	No children		0	0%
	Total		1	

**Other**

Statistic	Value
Min Value	3
Max Value	3
Mean	3.00
Variance	0.00
Standard Deviation	0.00
Total Responses	1

28. Who provides your childcare? (or dependent care)? (Check all that apply)

#	Answer	Bar	Response	%
1	Self		1	100%
2	Friends		0	0%
3	Family		0	0%
4	Church		0	0%
5	Daycare		0	0%
6	Have to leave children alone		0	0%
7	Before and/or after school on campus		0	0%
8	Other		0	0%
9	Children/dependents are old enough to stay home alone		0	0%

Other


Statistic	Value
Min Value	1
Max Value	1
Total Responses	1

29. Is your child (or dependent) care provider dependable?

#	Answer	Bar	Response	%
1	Yes		0	0%
2	No		0	0%
	Total		0	






Statistic	Value
Min Value	-
Max Value	-
Mean	0.00
Variance	0.00
Standard Deviation	0.00
Total Responses	0

30. Do you need different childcare (dependent care) help?

#	Answer	Bar	Response	%
1	Yes		1	100%
2	No		0	0%
	Total		1	

Statistic	Value
Min Value	1
Max Value	1
Mean	1.00
Variance	0.00
Standard Deviation	0.00
Total Responses	1

31. What kind of childcare (dependent care) help do you need?

#	Answer	Bar	Response	%
1	Daycare center		1	100%
2	Before/ after school care		0	0%
3	Care for child with special needs		0	0%
4	Other (please specify)		0	0%
5	Evening hours due to work shift schedule		0	0%

Other (please specify)

Statistic	Value
Min Value	1
Max Value	1
Total Responses	1

32. Have you ever lost a job because you didn't have dependable child or dependent care?

#	Answer	Bar	Response	%
1	Yes		0	0%
2	No		1	100%
	Total		1	

Statistic	Value
Min Value	2
Max Value	2
Mean	2.00
Variance	0.00
Standard Deviation	0.00
Total Responses	1



**33.** Are you caring for adult children or adult dependents including seniors?  
 (Due to mental or physical disability)

#	Answer	Bar	Response	%
1	Yes (Specify)		0	0%
2	No		3	100%
	Total		3	

**Yes (Specify)**

Statistic	Value
Min Value	2
Max Value	2
Mean	2.00
Variance	0.00
Standard Deviation	0.00
Total Responses	3




34. Who provides care for the adult children or adult dependents? (Check all that apply)

#	Answer	Bar	Response	%
1	Self		0	0%
2	Friends		0	0%
3	Family		0	0%
4	Church		0	0%
5	Daycare		0	0%
6	Have to leave elder/senior alone		0	0%
8	Other		0	0%
9	Able to stay home alone		0	0%

**Other**

Statistic	Value
Min Value	-
Max Value	-
Total Responses	0

35. How many people live where you stay?

#	Answer	Bar	Response	%
1	1		0	0%
2	2		1	33%
3	3		1	33%
4	4		1	33%
5	5		0	0%
6	6		0	0%
7	7		0	0%
8	8		0	0%
9	9		0	0%
10	10		0	0%
11	Other (please specify)		0	0%
	Total		3	

Other (please specify)

Statistic	Value
Min Value	2
Max Value	4
Mean	3.00
Variance	1.00
Standard Deviation	1.00
Total Responses	3












36. Is your household income more or less than [state response amount that matches the number of people in the household from above]

#	Question	MORE than	LESS than	Total Responses	Mean
1	Family of 1- \$11,490	0	0	0	0.00
2	Family of 2- \$15,510	0	1	1	2.00
3	Family of 3- \$19,530	0	1	1	2.00
4	Family of 4- \$23,550	1	0	1	1.00
5	Family of 5- \$27,570	0	0	0	0.00
6	Family of 6- \$31,590	0	0	0	0.00
7	Family of 7- \$35,610	0	0	0	0.00
8	Family of 8- \$39,630	0	0	0	0.00
9	Family of 9- \$43,650	0	0	0	0.00
10	Family of 10- \$47,670	0	0	0	0.00
11	For each additional Family member add: \$4,020	0	0	0	0.00

**For each additional Family member add: \$4,020**

Statistic	Family of 1- \$11,490	Family of 2- \$15,510	Family of 3- \$19,530	Family of 4- \$23,550	Family of 5- \$27,570	Family of 6- \$31,590	Family of 7- \$35,610	Family of 8- \$39,630	Family of 9- \$43,650	Family of 10- \$47,670	For each additional Family member add: \$4,020
Min Value	-	2	2	1	-	-	-	-	-	-	-
Max Value	-	2	2	1	-	-	-	-	-	-	-
Mean	0.00	2.00	2.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Variance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Standard Deviation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Responses	0	1	1	1	0	0	0	0	0	0	0




37. Which of these monthly bills do you pay? (Read list and check all that apply)

#	Answer	Bar	Response	%
1	Cable/Satellite TV		0	0%
2	Car/Transportation		2	67%
3	Child Care		0	0%
4	Child Support		0	0%
5	Credit Cards		0	0%
6	Food		3	100%
7	Gasoline		3	100%
8	Insurance		3	100%
9	Internet		1	33%
10	Loans		0	0%
11	Loans- Payday		0	0%
12	Loans- School		0	0%
13	Medical		2	67%
14	Mortgage		1	33%
15	Phone- cell		1	33%
16	Phone- house		3	100%
17	Rent		2	67%
18	Utilities		3	100%
19	other		0	0%
20	None		0	0%

**other**

Statistic	Value
Min Value	2
Max Value	18
Total Responses	3

38. I am going to read you a list of sources from which you might be getting income? Please tell me which ones you do receive income from. (Mark all that apply)

#	Answer	Bar	Response	%
1	Child support		0	0%
2	Employer wages		2	100%
3	Family/Friends		0	0%
4	Kindness of strangers		0	0%
5	NO INCOME		1	50%
6	Other (please specify)		0	0%
7	Pension/Retirement		1	50%
8	SS		0	0%
9	SSI/SSDI		0	0%
10	Student grants/loans		0	0%
11	TANF (Temporary assistance for needy families)		0	0%
12	Unemployment benefits		0	0%
13	VA benefits		0	0%

Other (please specify)

Statistic	Value
Min Value	2
Max Value	7
Total Responses	2




39. Tell me if you or a household member receive any of these types of assistance? (Read list and mark all that apply)

#	Answer	Bar	Response	%
1	CHIPS- Children's Medicaid		1	50%
2	Department of Family and Protective Services (DFPS)		0	0%
3	Dept. of Assistive and Rehabilitative Services (DARS)		0	0%
4	Dept. of State Health Services (DSHS)		0	0%
5	Housing Voucher (Section 8)		1	50%
6	Medicaid		2	100%
7	Medicare		1	50%
8	SNAP (Food stamps)		0	0%
9	TANF- Temporary Assistance for Needy Families		0	0%
10	Texas Workforce Commission		0	0%
11	WIC- Woman, infants, and children nutrition assistance		1	50%
12	Women's Health Services		0	0%
13	NONE		0	0%
14	Other		0	0%
15	Area Agency on Aging		0	0%
16	Department of Aging and Disability Services (DADS)		0	0%

**Other**

Statistic	Value
Min Value	1
Max Value	11
Total Responses	2

40. Do you or someone in your household have educational needs?

#	Answer	Bar	Response	%
1	Yes, me		1	33%
2	Yes, a household member		1	33%
3	Yes, a household member and me		1	33%
4	No		0	0%
Total			3	

Statistic	Value
Min Value	1
Max Value	3
Mean	2.00
Variance	1.00
Standard Deviation	1.00
Total Responses	3



41. Tell me if you have any of these School/Education related needs. (Read list and check all that apply)

#	Answer	Bar	Response	%
1	Adult Basic Education		1	33%
2	Adult Education (i.e. computer classes)		0	0%
3	ARD Assistance (Special Education services at school)		1	33%
4	Child's behavior concern		0	0%
5	Child's homework/schoolwork concerns		0	0%
6	Child's school attendance concerns		0	0%
7	Child's standardized exams STARR		0	0%
8	Money for tuition. (School, College, Trade School)		1	33%
9	Difficulty reading (adult)		1	33%
10	Difficulty reading (child)		0	0%
11	English as a second language		0	0%
12	GED/High School Diploma		1	33%
13	Need clothes for school		1	33%
14	None		1	33%
15	Obtaining money for school supplies, books, etc.		0	0%
17	Other		0	0%

**Other**

Statistic	Value
Min Value	1
Max Value	14
Total Responses	3

42. In the past 24 months has your child had to transfer schools because you moved?





#	Answer	Bar	Response	%
1	Yes		0	0%
2	No		1	33%
3	Not applicable, no school aged child		2	67%
	Total		3	

Statistic	Value
Min Value	2
Max Value	3
Mean	2.67
Variance	0.33
Standard Deviation	0.58
Total Responses	3

43. If yes, How many times?

Text Response	
Statistic	Value
Total Responses	0






44. Tell me if you have any of the following housing related needs? (Read list and mark all that apply)

#	Answer	Bar	Response	%
1	Home not safe- structure		0	0%
2	Housing not affordable		0	0%
3	furniture or household goods		0	0%
4	handicap access or modification		0	0%
5	mortgage or rent assistance		1	50%
6	other medical related accommodations		1	50%
7	pet friendly environment		1	50%
8	repairs		0	0%
9	utility assistance		1	50%
10	Neighborhood not safe		0	0%
11	NONE		0	0%
12	Other (Please specify)		0	0%

**Other (Please specify)**

Statistic	Value
Min Value	5
Max Value	9
Total Responses	2

45. Tell me if you need any of the following transportation related help? (Mark all that apply)

#	Answer	Bar	Response	%
1	car/truck		2	67%
2	bus tickets (\$ for bus)		1	33%
3	child safety seat(s)		0	0%
4	Driver's License		1	33%
5	gasoline		2	67%
6	information about bus routes/services		1	33%
7	Insurance		0	0%
8	auto repairs		0	0%
9	vehicle inspection		0	0%
14	Transportation for someone with disability		0	0%
10	vehicle registration		0	0%
12	Other that I did not mention (please specify)		0	0%
11	NONE		0	0%

Other that I did not mention (please specify)




Statistic	Value
Min Value	1
Max Value	6
Total Responses	3

46. Have you ever lost a job (or not been able to accept a job offer) because of transportation issues?

#	Answer	Bar	Response	%
1	Yes		3	100%
2	No		0	0%
	Total		3	

Statistic	Value
Min Value	1
Max Value	1
Mean	1.00
Variance	0.00
Standard Deviation	0.00
Total Responses	3

47. Please tell me if you are in need of help with any of these things: (Mark all that apply)

#	Answer	Bar	Response	%
1	Alcohol and drug abuse		0	0%
2	Anger control		0	0%
3	Caregiver support		1	33%
4	Couples communication		0	0%
5	Depression		0	0%
6	Disability counseling		0	0%
7	Elder abuse		0	0%
8	Family conflicts		0	0%
9	Making decisions/problem solving		0	0%
11	Parenting classes		0	0%
12	Personal problems		1	33%
13	Planning for the future/ Goal setting		0	0%
14	Post Traumatic Stress Disorder (PTSD)		0	0%
15	Self-esteem		0	0%
16	Spouse or child abuse		0	0%
17	Thoughts of suicide (in the past 6 months)		0	0%
18	Trauma		0	0%
19	Victimization		0	0%
20	other (please specify)		0	0%
10	NONE		2	67%

other (please specify)

Statistic	Value
Min Value	3
Max Value	12
Total Responses	3

48. Where do you usually get your food?



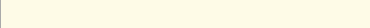

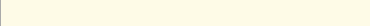

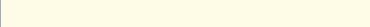
Text Response	
super one walmart or brookshires	
grocery store	
Grocery Store	

Statistic	Value
Total Responses	3



49. Do you need information on how to cook food for any of these special diets? (Read list and mark all that apply)

#	Answer	Bar	Response	%
1	Diabetes		1	100%
2	Hypertension		0	0%
3	Heart Disease		0	0%
4	HIV/AIDS		0	0%
5	Gluten free		0	0%
6	No, do not need information		0	0%
7	Other		0	0%

**Other**

Statistic	Value
Min Value	1
Max Value	1
Total Responses	1

50. Do you need information on food nutrition?

#	Answer	Bar	Response	%
1	Yes		1	33%
2	No		2	67%
	Total		3	









Statistic	Value
Min Value	1
Max Value	2
Mean	1.67
Variance	0.33
Standard Deviation	0.58
Total Responses	3

51. Do you need to know how to store food so it will last longer?

#	Answer	Bar	Response	%
1	Yes		1	33%
2	No		2	67%
	Total		3	

Statistic	Value
Min Value	1
Max Value	2
Mean	1.67
Variance	0.33
Standard Deviation	0.58
Total Responses	3

52. Please tell me if you or someone in your household has any of these healthcare needs. (Read list and mark all that apply)

#	Answer	Bar	Response	%
1	Adult diagnosed with disability		0	0%
2	AIDS/HIV risk		0	0%
3	Child diagnosed with disability		0	0%
4	Dental care		1	33%
5	Diabetes		1	33%
6	Eye/vision care		3	100%
7	General Medical care		2	67%
8	Hearing care		2	67%
9	Heart Disease		0	0%
10	Hypertension		1	33%
11	Medical equipment		0	0%
12	Mental Health care		0	0%
13	NONE		2	67%
15	prescription medication (\$ for)		0	0%
16	Prosthesis		0	0%
17	Pulmonary Disease (COPD, Emphysema, Asthma)		0	0%
18	STD's (Sexually transmitted diseases)		0	0%
19	Substance abuse treatment		0	0%
20	Teen pregnancy		0	0%
21	Transportation to appointments		0	0%
22	Other		1	33%
23	sleep problems		0	0%

**Other**

Statistic	Value
Min Value	4
Max Value	22
Total Responses	3


53. Do you have health insurance or other health care coverage?

#	Answer	Bar	Response	%
1	Yes, please specify		2	67%
2	No		1	33%
	Total		3	

**Yes, please specify**  
 TML



Statistic	Value
Min Value	1
Max Value	2
Mean	1.33
Variance	0.33
Standard Deviation	0.58
Total Responses	3

54. Are there others in your household who are uninsured?

#	Answer	Bar	Response	%
2	Yes		2	100%
1	No, others in household have insurance		0	0%
3	No others in my household		0	0%
	Total		2	

Statistic	Value
Min Value	2
Max Value	2
Mean	2.00
Variance	0.00
Standard Deviation	0.00
Total Responses	2













55. Who provides your health insurance?

#	Answer	Bar	Response	%
1	Self		1	50%
2	Employer		1	50%
3	Government		0	0%
4	Other		0	0%
	Total		2	

Other

Statistic	Value
Min Value	1
Max Value	2
Mean	1.50
Variance	0.50
Standard Deviation	0.71
Total Responses	2


56. Tell me if you have any of these financial needs or problems. (Read list and mark all that apply)

#	Answer	Bar	Response	%
1	Achieving a "living wage" of income (if you achieve a "living wage" it means you don't need help from social services or government programs)		3	100%
2	Health insurance		1	33%
3	Car insurance		0	0%
4	Home/Renter insurance		2	67%
5	Need help collecting child support		0	0%
6	Need TANF (temporary assistance for needy families)		0	0%
7	Budgeting- getting the most from your money & prioritizing		1	33%
8	Bank account		1	33%
9	NONE		2	67%
10	Have bad credit rating		2	67%
11	Have past due bills		1	33%
12	Currently in collections		0	0%

Statistic	Value
Min Value	1
Max Value	11
Total Responses	3





57. Are you a US veteran?

#	Answer	Bar	Response	%
1	Yes		3	100%
2	No		0	0%
	Total		3	


Statistic	Value
Min Value	1
Max Value	1
Mean	1.00
Variance	0.00
Standard Deviation	0.00
Total Responses	3

58. If you are, are you receiving veteran's benefits?

#	Answer	Bar	Response	%
1	Yes		1	33%
2	No		2	67%
	Total		3	

Statistic	Value
Min Value	1
Max Value	2
Mean	1.67
Variance	0.33
Standard Deviation	0.58
Total Responses	3

59. If you are not receiving veteran's benefits, do you need help getting them?

#	Answer	Bar	Response	%
1	Yes		2	100%
2	No		0	0%
	Total		2	

Statistic	Value
Min Value	1
Max Value	1
Mean	1.00
Variance	0.00
Standard Deviation	0.00
Total Responses	2

60. If you are a veteran or dependent, do you need assistance with any of the following? (Read list and mark all that apply)

#	Answer	Bar	Response	%
1	Burial and Memorial		2	67%
2	Connecting to Veteran Organization		1	33%
3	Disability		1	33%
4	Education and Training		1	33%
5	Employment		0	0%
6	Health Care		2	67%
7	Healthcare for family members		3	100%
8	Housing		0	0%
9	Life Insurance		2	67%
10	Medals and records		1	33%
11	Medical benefits		0	0%
12	Mental Health Care		0	0%
13	Pension		0	0%
14	Reserve and Guard		0	0%
15	Special and Limited Benefits		0	0%
16	Transition Assistance		0	0%
17	Transportation		0	0%
18	VA claim Appeals		1	33%
19	Women Veteran Health Services		0	0%
20	Other		0	0%
21	None		0	0%

**Other**

Statistic	Value
Min Value	1
Max Value	18
Total Responses	3

61. Do you have any legal needs?

#	Answer	Bar	Response	%
1	Yes		1	33%
2	No		2	67%
	Total		3	

Statistic	Value
Min Value	1
Max Value	2
Mean	1.67
Variance	0.33
Standard Deviation	0.58
Total Responses	3

62. If yes, what kind of legal needs?

#	Answer	Bar	Response	%
1	Children's schooling		0	0%
2	Civil Rights/Liberties		0	0%
3	Community/Regional		0	0%
4	Discrimination related to Americans with Disabilities Act		0	0%
5	Family/Domestic		1	100%
6	Health Related		0	0%
7	Housing/Property		0	0%
8	Immigration		0	0%
9	Personal Economic/Injury		0	0%
10	Personal Finance/Consumer		0	0%
11	Public Benefits		0	0%
12	Small Business/ Farm		0	0%
13	Veteran		1	100%
14	Wills, Estates, Advanced Directives		0	0%
15	Work Related		0	0%
16	Other		0	0%

Other

Statistic	Value
Min Value	5
Max Value	13
Total Responses	1

63. What have we not asked you about that you feel is important?

Text Response	
what do I plan to do with my future	
Statistic	Value
Total Responses	1

64. What need do you have that we have not asked you about?

Text Response
how to prepare for college
Social Groups

Statistic	Value
Total Responses	2



65. Interviewer: Please record below any information you think might be useful about this particular interview or participant. If applicable, indicate anything unusual or any break from protocol that may have occurred.

Text Response
Participant has to prove being alive. There are no records of high school attendance and has trouble with finding how this proof can be taken care of. N/A

Statistic	Value
Total Responses	2