



Cook Inlet Housing Authority (CIHA) wants to know how residents feel about living in CIHA properties. Your participation in this survey will help guide partnerships and future designs and uncover opportunities for us to improve or enhance the resident experience. Your feedback is **confidential**, and **your responses will not affect your housing status in any way.**

If you have questions about the survey, need help understanding a question, or need assistance to complete it, please reach out to one of the following contacts:

Darrick Fullwood, Resident Services Coordinator: **Anonymous Survey Hotline:**

✉ dfullwood@cookinlethousing.org

📞 907-793-3757

✉ survey@cookinlethousing.org

📞 907-793-3737

Surveys will be accepted between July 1, 2024, and August 15, 2024.

INSTRUCTIONS: This survey has different types of questions. Read each question carefully. Answer each question as best you can. There are no right or wrong answers, we just want your honest opinions!

SECTION 1: PROPERTY & COMMUNITY

These questions will help us better understand resident experiences, services, and needs related to the property and neighborhood where you live.

1. What do you like about living at your property? (select all that apply)

- ☐ Affordability
- ☐ Access to local businesses and services
- ☐ Events and activities at the property
- ☐ Location
- ☐ My apartment
- ☐ My neighbors
- ☐ Closeness to public transportation
- ☐ Safety
- ☐ Sidewalks/quality of nearby streets
- ☐ Level of noise
- ☐ Scenery
- ☐ Building amenities/common areas
- ☐ Nothing

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2. What would you change about your property? (select all that apply)

- ☐ Affordability
- ☐ Access to local businesses and services
- ☐ Events and activities at the property
- ☐ Location
- ☐ My apartment
- ☐ My neighbors
- ☐ Closeness to public transportation
- ☐ Safety
- ☐ Sidewalks/quality of nearby streets
- ☐ Level of noise
- ☐ Scenery
- ☐ Building amenities/common areas
- ☐ Nothing

3. Rate how safe you feel living in your building or at your property.

- | | | | | |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Very
unsafe | Somewhat
unsafe | Neither safe
nor unsafe | Somewhat
safe | Very
safe |
| ☐ | ☐ | ☐ | ☐ | ☐ |

4. Rate how safe you feel living in your neighborhood.

- | | | | | |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Very
unsafe | Somewhat
unsafe | Neither safe
nor unsafe | Somewhat
safe | Very
safe |
| ☐ | ☐ | ☐ | ☐ | ☐ |

5. Is there anything else you would like to tell us about safety? If you have an urgent concern that is impacting your sense of safety, please call your Community Director or Resident Services Coordinator.

6. Belonging means that you feel accepted, comfortable, and welcome at the property where you live. For the following statements, please rate how strongly you agree or disagree.

	Strongly agree	Somewhat agree	Not sure	Somewhat disagree	Strongly disagree	Does not apply to me
I feel like I belong at my property.	☐	☐	☐	☐	☐	☐
My relationships with my neighbors are as satisfying as I would want them to be.	☐	☐	☐	☐	☐	☐
Staff are responsive and available to assist me when needed.	☐	☐	☐	☐	☐	☐
I feel comfortable attending activities and events at my property.	☐	☐	☐	☐	☐	☐
My maintenance needs are addressed quickly and completely.	☐	☐	☐	☐	☐	☐

7. We'd like to know more about transportation in your neighborhood. Which of these forms of transportation do you use most often? (select all that apply)

- ☐ Bike
- ☐ People Mover/ Anchor Rides
- ☐ Car (mine)
- ☐ Car (someone else's)
- ☐ Taxi/Rideshare/Uber/Lyft
- ☐ Walk/Wheelchair
- ☐ Other (SCF Elders Program Bus, Family, etc)

8. Here are some examples of types of programs we may be able to offer or refer you to. Which of these would you find most valuable? (select all that apply)

- ☐ Budgeting/Financial education
- ☐ Job training
- ☐ Help finding employment
- ☐ Help paying rent
- ☐ Help paying utilities or internet
- ☐ Local food bank/food pantry or other food access
- ☐ Applying for PFD
- ☐ Social Security (SSI/SSID)
- ☐ Lifeline (discounted phone service)
- ☐ Domestic violence support
- ☐ Counseling Services
- ☐ Volunteering
- ☐ GED preparation
- ☐ College preparation
- ☐ Computer skills
- ☐ Setting up email
- ☐ Legal services
- ☐ Daycare/childcare resources
- ☐ Afterschool resources
- ☐ Youth summer programs
- ☐ Free Tax Prep
- ☐ Homeownership
- ☐ Fitness or exercise activities
- ☐ Neighborhood activities
- ☐ Other:

9. We believe helping residents register to vote is one way to make sure their voices are heard in both local and national elections. Are you registered to vote:

- ☐ Yes
- ☐ No
- ☐ I'm not sure
- ☐ I'm not eligible to vote
- ☐ Prefer not to answer

10. Do you know about or participate in the community council in your neighborhood?

- ☐ Yes, I go every month
- ☐ Yes, I go sometimes
- ☐ I know about my community council but I have not been
- ☐ I don't know anything about it

11. Do you have internet access at home?

- ☐ Yes
- ☐ No, I don't have access but wish I did
- ☐ No, I don't have access and am not interested in using internet at home

SECTION 2: WORK, INCOME, AND ASSETS

These questions will help us better understand resident needs related to financial stability and education.

12. Have you ever served on active duty in the US Armed Forces, Reserves, or National Guard?

- ☐ Yes, I am currently on active duty
- ☐ Yes, I have served in the past
- ☐ No
- ☐ Prefer not to answer

13. What is the highest level of schooling you have completed?

- ☐ Grammar School or some high school
- ☐ High school/GED
- ☐ Certificate/Vocational
- ☐ Some College
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree or above
- ☐ Other:
- ☐ Prefer not to answer

14. Of the other members of your household, how many are at each of the following levels of education:

In preschool or Headstart:

In elementary school:

In middle school or junior high:

In high school:

Recent high school graduate (within the last year or two years):

15. In the last 12 months, was there a time when the food you bought just didn't last and you didn't have money to buy more?

- ☐ Yes
- ☐ No
- ☐ Prefer Not to Answer

16. Are you currently employed?

- ☐ No
- ☐ Yes

17. If you are looking for a job, do any of the below common challenges make it difficult to find or keep work? Select all that apply:

- ☐ Health challenges
- ☐ Lack of available jobs
- ☐ Lack of childcare
- ☐ Lack of education
- ☐ Lack of familiarity or difficulty with the application process
- ☐ Lack of transportation
- ☐ Language barrier
- ☐ Need employment coaching
- ☐ Criminal record
- ☐ Prefer not to answer
- ☐ Not looking for employment/retired
- ☐ Other

SECTION 3: HEALTH AND WELLNESS

Housing stability is connected to health and wellness. These questions will help us understand where we may be able to help connect residents with services, provide programming, or partner with service providers for education and information.

18. In general, how would you describe your physical health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Prefer Not to Answer

19. In the last three months, how often has physical illness or injury prevented you or anyone in your household from daily activities or self-care ?

- ☐ Every day
- ☐ A few times a week
- ☐ A few times a month
- ☐ Never
- ☐ Prefer not to answer

20. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how often during the past three months has your mental health or the mental health of a family member prevented you from daily activities or self-care?

- ☐ Every day
- ☐ A few times a week
- ☐ A few times a month
- ☐ Never
- ☐ Prefer not to answer

21. Have you visited a healthcare provider for a routine checkup in the last 12 months?

- ☐ Yes
- ☐ No
- ☐ Prefer Not to Answer

23. If you have health insurance, what type is it? Please select all that apply. If you do not have health insurance please check, "Do not have health insurance."

- ☐ Private insurance
- ☐ Medicaid/Medicare
- ☐ Denali Kid Care
- ☐ VA Health Care
- ☐ Indian Health Service Beneficiary
- ☐ Other
- ☐ Prefer Not to Answer
- ☐ Do not have health insurance

22. There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the past 12 months? Select all that apply:

- ☐ I didn't have transportation.
- ☐ I was nervous about seeing a healthcare provider.
- ☐ I don't have a healthcare provider.
- ☐ I couldn't get time off work.
- ☐ I couldn't get childcare.
- ☐ I provide care to an adult and could not leave him/her.
- ☐ I had to pay out of pocket for some or all of the treatment.
- ☐ Other reason
- ☐ Prefer not to answer

SECTION 4: TELL US ABOUT YOUR HOUSEHOLD

This section is voluntary. This information will help CIHA better understand how to target outreach, services, and programs.

What is your **household size**?

- ☐ 1 person
- ☐ 2 people
- ☐ 3-4 people
- ☐ 5 + people

What is your **race**?

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Two or more races
- ☐ Other

What is your **ethnicity**?

- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino

What is your **gender identity**?

- ☐ Male
- ☐ Female
- ☐ Genderqueer/nonbinary
- ☐ Other:
- ☐ Prefer not to answer

What is your **age**?

- ☐ 18-25
- ☐ 26-35
- ☐ 36-45
- ☐ 46-55
- ☐ 56-65
- ☐ 66+
- ☐ Prefer not to answer

SECTION 5: SUMMARY

24. Is there anything else you would like to share with us?

25. Circle a number of stars out of five to indicate your overall satisfaction living at this property (for example, to circle them all is a 5/5 rating):



END OF SURVEY

Thank you for taking the time to complete this survey and share your experiences as a Cook Inlet Housing Authority resident with us.

DO NOT INCLUDE IN RETURN ENVELOPE! PLEASE RETURN SEPARATELY.

If you would like us to follow up with you for a specific concern or have an immediate need for a referral, please fill out the information below.

Name:

Address:

☐ Email:

☐ Phone:

Topic of Concern:

Raffle Entry

To enter the raffle drawing: Complete the contact information below so we can reach you if you win. Detach the bottom section of this page and keep for reference.

Date:

Name:

☐ Email:

☐ Phone:

Winners will be announced on September 6, 2024.

8 entries

If submitted
before July 16

4 entries

If submitted
before July 30

2 entries

If submitted
before Aug. 13

2024 Resident Survey Raffle Contest begins July 1, 2024, and ends August 16, 2024. Residents, aged 18 and older, are eligible for a random drawing to win one (1) of six (6) \$50 VISA gift cards when they complete and return the 2024 Resident Survey by the survey deadline. Completed and returned on or before: July 16 at 11:59pm receive 8 raffle entries; completed and returned between July 17- July 30 at 11:59pm receive 4 raffle entries; completed and returned by August 13th at 5:00pm receive 2 raffle entry. Residents who would like to participate in the raffle must provide CIHA with their name, current phone number and/or current email address. Failure to provide contact information will nullify the entry. A random computer-generated drawing with all eligible resident entries will be held on or about September 6, 2024. Winners will be contacted by phone and/or email to arrange for prize delivery. Failure to respond to notification of prize award within 72 hours will nullify the award. One prize per person, per household. No purchase necessary. Eligible residents must still reside at a CIHA property when the prize is awarded. Decisions of representative of Cook Inlet Housing Authority are final.