## 1. Do you have children under the age of 5 in your home? Yes No If yes, please specify ages 2. Are you in need of full-day child care for your child? Yes No 3. If your child is between 6 weeks old and 3 years old and there was FREE early educational programming offered by Early Head Start for children would you send your child? Yes No 4. If your child is between 3 and 4 years old and there was FREE early educational programming offered by Head Start for children would you send your child? Yes No 5. What is your marital status? Divorced Single Living with Partner Separated Widowed Married 6. What is your age? Under 20 36 to 40 20 to 25 41 to 45 26 to 30 46 to 50 31 to 35 Over 50

Community Child Care Needs

7. Are you currently employed?		
Yes		
No		
If yes, how many hours per week do you	work?	
8. Are you currently going to school?		
Yes		
No		
9. Are you interested in furthering you	r education?	
Yes		
○ No		
10. Are you interested in working with	young children?	
Yes		
○ No		
11. Are you in need of year-round chil	ldcare including summer?	
Yes		
○ No		
12. What is your annual household inc	come?	
\$0	\$20,000 to \$29,000	
\$1 to \$9,999	\$30,000 to \$49,000	
\$10,000 to \$19,000	\$50,000 or above	

13. Do you receive assistance from any of the following (check all that apply)?		
	TANF	
	SNAP	
	WIC	
	Medicaid/Medicare	
	SSI	
	Aspire	
	Other (please specify)	
14. I	n which town do you live?	
15 [	Do you have safe reliable transportation?	
	Yes	
	No	