

New York Indian Council's COVID-19 Community Impact /Needs Assessment Survey

Dear Native Community:

Please take a moment to fill out this community impact/needs assessment.

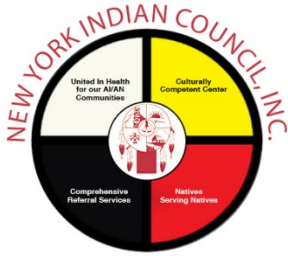
NYIC is currently assessing the impacts/needs of our Native community because of the Coronavirus/COVID-19 pandemic. Your input will help determine the impacts/needs and how this pandemic is currently affecting our community and how it may affect our future as well.

The survey will assist in obtaining information on Elders and those at high-risk within the community access to personal protective equipment like gloves, masks, and sanitizers to protect themselves against COVID-19.

The information you provide will be used to help the New York City Native community to understand the economic needs of their households impacted by Coronavirus/COVID-19 through loss of wages, loss of employment, or lack of resources due to household isolation. It will be used to inform future response efforts.

All answers are anonymous and confidential. Thank you for your time.

***The New York Indian Council, Inc.
Wellness Team***



The Coronavirus/COVID-19 can have many different impacts. How has the Coronavirus/ COVID-19 impacted your household and what are the needs of your household?

Select all that apply.

What is your Zip Code?

Do You Have Transportation? Yes__ No__

Are you an Elder Yes__ No__, if yes do you live alone? Yes__ No__

Are you currently employed?

Yes

No (recently unemployed since COVID in March 2020)

No (been unemployed before March 2020)

N/A (retired/disabled)

Other (please/specify)

If you have a job, how have your work conditions changed due to COVID-19?

Increased Hours

Laid off

Work from home or remote work

Self-employed or decreased work opportunities

Medical and Health Concerns:

Had a medical emergency

Got medical help (non-emergency)

Had an increase in medical expenses

Could not get daily medication refilled

Do you need access to the following emergency supplies as they become available?

Hand Sanitizer Yes__ No__

Gloves Yes__ No__

Face Masks Yes__ No__

Antiseptic Wipes Yes__ No__

Thermometer Yes__ No__

Water Yes__ No__

Do you have a fever AND respiratory symptoms like cough or shortness of breath? If yes, continue to the next question:

Yes __, continue to the next question

No __

Have you had close contact with a person infected with COVID-19 or traveled to an area where many cases were reported? If yes, continue to the next question:

Yes __, continue to the next question

No __

Are you over the age 60, immunosuppressed, have diabetes, heart disease, COPD, or high blood pressure? If yes, call your doctor to report your symptoms:

Yes __ call your doctor to report your symptoms

No __

Family and Well-being Concerns:

Childcare Assistance

Housing/Utilities

Food Nutrition (not enough food)

Employment/Unemployment

Education

Did not have household goods like soap, paper towels, toilet paper

Mental Health

Elder Care

Nothing, I do not have any new or pressing needs related to Covid-19

Other (please specify):

Have you received any assistance or services outside of our programs?

(Please list):

Household Composition:

Please include all household members when reporting the Household Composition:

Number of Children 5 years old and under

Number of Children from 6 to 18 years old.

Number of Adults from 19 to 59 years old.

Number of Adults from 60 to 69 years old.

Number of Adults from 70 years and above

Total Number of Household Members

Household Demographics:

What is your age?

17 or younger 55-59

18-24 60-64

25-44
45-54

65-74
75+

What is your gender? Female Male

Is there someone in your household who has a disability?
Yes No Prefer not to say

Is there someone in your household who is a veteran or active military?
Yes No Prefer not to say

Does the household participate in any of the following programs? Select all the apply.
SNAP/Food Stamps WIC TANF NONE Prefer not to say

How is the household receiving information about Coronavirus/COVID-19? Select all that apply.
Family and/or Friends

Government entities (local government websites, CDC)

Radio

Social Media (Facebook, Twitter, Instagram)

Cable T.V. News (CNN, Fox News, MSNBC)

Local T.V. (NBC, CBS, Fox)

Newspaper

Internet (cnn.com, google news, nytimes.com, foxnews.com)

In case of an emergency does the household, have enough money to cover one month of expenses (rent, utilities, groceries, basic supplies)?
Yes No Not Sure

I acknowledge this is not a request for immediate help. No medical assistance will be provided through this survey. This survey is designed to understand the needs of New York City Native Community affected by the impacts of Coronavirus/COVID-19.

Thank you for completing the Survey. The health and safety of our community will always be priority. Please follow government guidelines and practice social distancing.