## **Community Needs Assessment Form**

Thank you for supporting the Native Village of Eyak. We are seeking information on the availability of resources and services for victims of sexual assault in the community. We recognize that your time is valuable and hope that you will take a few minutes to answer the following questions. Your responses on this needs assessment will help the program develop a community-focused strategic plan and improve services for victims of sexual assault. We hope to honor your confidentiality. Your participation in this needs assessment is completely voluntary and your responses will be kept anonymous. You may stop answering questions at any time and may refuse to participate in this process. If you have questions about this needs assessment, please feel free to contact Heather Thorne at 907-424-2258 or heatherthorne@eyak-nsn.gov. If supporting the program on this needs assessment brings to mind any past experiences of victimization for you or someone close to you, please do not hesitate to call the NVE Victim Advocacy and Response Coordinator on the confidential line: 907-424-2258.

Question 1. What services are available for apply.   Counseling	or victims of sexual assault in t	he community? Please check all that  Cultural/Traditional
_	_	Healing
☐ None/Don't Know	☐ Housing	☐ Medical
☐ Transportation	☐ Child Care	<ul><li>Compensation for Damages</li></ul>
☐ Referral for Services		
Question 2. Are you familiar with the Nativ	ve Village of Eyak and the serv	ices they provide?
Yes No		
Question 3.	escribe how you became famil	liar with them.
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Is there a need to	expand services for community me	embers victimized by sexual assault?
Yes	No	Do not know
Question 5. If you answered ye	es, what additional services are ne	eeded to help victims of sexual assault?
Question 7. Is there anything t	· · · · · · · · · · · · · · · · · · ·	exual assault in your community? between the Native Village of Eyak service ms of working with sexual assault victims?
Question 8. Have you or some assault? Yes No	one you know used the Cordova Sa	ART Sexual Assault Response Team for a sexual
Question 9. If you answered ye	es, is there anything you would cha ne Cordova SART Sexual Response	ange in the services provided during your e Team?

Question 4.

Female	Male	Other	
I prefer not to respond			
Question 11			
What is your ethnicity?			

Question 10.

How do you identify?

This form is strictly confidential, and you do not need to provide any identifying information. However, there are resources and information available you may not know about, and it is our job to help you know what is available in your community. If you want direct information, please email <a href="mailto:heatherthorne@eyak-nsn.gov">heatherthorne@eyak-nsn.gov</a> for any reason.