

City of Redding
Fact Gathering Survey
City of Redding's Consolidated Plan for 2010-14

Once every five years, the City of Redding Housing Division prepares and submits to the U.S. Department of Housing and Urban Development (HUD) an updated Consolidated Plan for the Community Development Block Grant (CDBG) and HOME Investment Partnership (HOME) programs. The Consolidated Plan is a five-year planning document which: (1) identifies housing needs and problems; (2) analyzes market conditions and resources; (3) sets priorities and adopts strategies; (4) allocates resources; and (5) contains an annual plan with reporting obligations which tracks how monies are spent and how goals are accomplished.

This survey has been developed to gather relevant information on specific populations of people within the City of Redding. Please complete this form as thoroughly as possible and return by November 13, 2009. It is especially important that the data you provide is documented and the sources of information you cite are provided. Also indicate if your statistics are countywide, rather than strictly for the City of Redding.

Populations

1. Indicate the population(s) of persons your agency serves (check all that apply).

9	Low-income individuals/families	9	Working Poor (welfare-to-work)
9	Homeless	9	Single Mothers
9	Elderly (62 or older)	9	Ex-offenders
9	Persons with Alcohol Addiction	9	Low-income children and families
9	Persons with Drug Addiction	9	Victims of domestic violence/sexual abuse
9	Mentally Disabled	9	Persons living with HIV/AIDS
9	Physically Disabled	9	Visually impaired/blind
9	Developmentally disabled	9	Other (please indicate):

2. List the unduplicated number of City of Redding residents your agency served during fiscal year 2008-09 (July 1, 2008 - June 30, 2009).

Persons:
Households:

3. Within the City of Redding, list the total number of individuals who would qualify for services from your agency? What is the source of this data?

Total number of individuals:
Source of data:

4. If client statistics are broken out by race, ethnic status, and/or income level, please list those numbers. Spreadsheets or other attachments with this information may be e-mailed to sbadger@ci.redding.ca.us or faxed to 245-7160 attn: Scott Badger.

Race		Hispanic	Income Level	
	White			Extremely-low
	Black/African American			Very-low
	Asian			Low
	American Indian/Alaskan Native			
	Native Hawaiian/Other Pacific Islander			
	American Indian/Alaskan Native and White			
	Asian and White			
	Black/African American and White			
	American Indian/Alaskan Native and Black/African American			
	Other Multiple Race Combinations			

Housing Needs

5. What housing needs are specific to your clients (check all that apply)?

9	Disabled accessibility	9	Emergency shelter
9	Transitional housing	9	Board and care
9	Very-low-income housing	9	Senior housing
9	Affordable housing	9	Assisted living
9	Inpatient drug rehabilitation programs	9	Mental health beds
9	Other (please indicate):	9	

6. What is the availability of housing for the clients you serve (i.e., is there a shortage)? Please give specific examples of existing housing (if any) which meet the needs of your clients.

7. What barriers do your clients face in accessing suitable housing (please check all that apply)?

9	Accessibility	9	Prior eviction(s)
9	Discrimination	9	Lack of affordable units
9	Lack of suitable housing units	9	Lack of funds for deposits/last month's rent
9	Low-income status	9	Poor rental history
9	Lack of or poor credit history	9	Prior criminal record(s)
9	Lack of job history	9	Lack of transportation
9	Other (please indicate):	9	

8. Are your clients homeless or at risk of becoming homeless? Please explain.

9. Do you anticipate the housing needs of your clients to change in the next five years? Please explain.

10. What, if any, housing resources do you provide to your clients (i.e., referrals, development of housing projects, advocacy)?

9	Referrals
9	Development of housing projects
9	Advocacy
9	Other (please indicate):
9	

11. Please indicate the funding sources which support the housing services you provide (please check all that apply).

9	HOME funds	9	FEMA
9	CDBG funds	9	EHAP
9	Donations	9	Redevelopment funds
9	Fundraisers	9	Tax credit funds
9	Do not provide housing	9	Other (please indicate):
9		9	

12. In your opinion, what are the **three** most crucial housing needs or priorities that exist for your clients? Please indicate order of importance.

	More transitional housing		In-home services
	Assistance with move in costs		Nearby bus route/transportation
	One stop referral agency		More larger housing units
	Accessibility		More studio units
	Rent subsidy		Emergency shelter
	More affordable housing units		Accessibility
	Safe housing		Group homes for at-risk youth
	Services to assist with cleaning up credit		Congregate housing
	Services to assist with locating housing		Homeless assistance
	Tenant/credit counseling		More homeownership opportunities for low-income households
	Child care services available at complexes		Other (please indicate):

13. What are the **three** most crucial housing needs or priorities that exist for the City of Redding? Please indicate order of importance.

	Same as indicated in #12		
	More transitional housing		In-home services
	Assistance with move in costs		Nearby bus route/transportation
	One stop referral agency		More larger housing units
	Accessibility		More studio units
	Rent subsidy		Emergency shelter
	More affordable housing units		Accessibility
	Safe housing		Group homes for at-risk youth
	Services to assist with cleaning up credit		Congregate housing
	Services to assist with locating housing		Homeless assistance
	Tenant/credit counseling		More homeownership opportunities for low-income households
	Child care services available at complexes		Other (please indicate):

Supportive Service Needs (Non-Housing)

14. What supportive services do you provide for your clients?

<input type="checkbox"/>	Information and referral services	<input type="checkbox"/>	Emergency shelter
<input type="checkbox"/>	Clothing donations	<input type="checkbox"/>	Food and/or nutrition information
<input type="checkbox"/>	Healthcare	<input type="checkbox"/>	Advocacy
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Legal assistance
<input type="checkbox"/>	Low-cost loans for essentials (i.e., vehicles, tools for work)	<input type="checkbox"/>	Case management
<input type="checkbox"/>	Mentoring	<input type="checkbox"/>	Immigration counseling
<input type="checkbox"/>	Spiritual guidance	<input type="checkbox"/>	In-home adaptive aids
<input type="checkbox"/>	Employment and/or job training	<input type="checkbox"/>	Independent living skills training
<input type="checkbox"/>	Counseling (i.e., mental health, crisis, drug/alcohol)	<input type="checkbox"/>	Assistance with paperwork for other agencies
<input type="checkbox"/>	Medical transportation	<input type="checkbox"/>	Rental and security deposits
<input type="checkbox"/>	Tutoring	<input type="checkbox"/>	Rental assistance
<input type="checkbox"/>	Parenting classes	<input type="checkbox"/>	Literacy classes
<input type="checkbox"/>	Payee services	<input type="checkbox"/>	Interpreters
<input type="checkbox"/>	Other (please indicate):	<input type="checkbox"/>	

15. What supportive services are your clients receiving from other local organizations?

<input type="checkbox"/>	Information and referral services	<input type="checkbox"/>	Emergency shelter
<input type="checkbox"/>	Clothing donations	<input type="checkbox"/>	Food and/or nutrition information
<input type="checkbox"/>	Healthcare	<input type="checkbox"/>	Advocacy
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Legal assistance
<input type="checkbox"/>	Low-cost loans for essentials (i.e., vehicles, tools for work)	<input type="checkbox"/>	Case management
<input type="checkbox"/>	Mentoring	<input type="checkbox"/>	Immigration counseling
<input type="checkbox"/>	Spiritual guidance	<input type="checkbox"/>	In-home adaptive aids
<input type="checkbox"/>	Employment and/or job training	<input type="checkbox"/>	Independent living skills training
<input type="checkbox"/>	Counseling (i.e., mental health, crisis, drug/alcohol)	<input type="checkbox"/>	Assistance with paperwork for other agencies
<input type="checkbox"/>	Medical transportation	<input type="checkbox"/>	Rental and security deposits

<input type="checkbox"/>	Tutoring	<input type="checkbox"/>	Rental assistance
<input type="checkbox"/>	Parenting classes	<input type="checkbox"/>	Literacy classes
<input type="checkbox"/>	Payee services	<input type="checkbox"/>	Interpreters
<input type="checkbox"/>	Other (please indicate):	<input type="checkbox"/>	

16. In your opinion, are there currently sufficient supportive services in the local area to meet the needs of your clients?

17. What supportive services do you feel should be offered that are not currently available to your clients?

18. Do you anticipate the supportive service needs of your clients to change in the next five years? Please explain.

19. In your opinion, what are the **three** most crucial supportive service needs or priorities that exist for your clients? Please indicate in order of importance.

<input type="checkbox"/>	Information and referral services	<input type="checkbox"/>	Emergency shelter
<input type="checkbox"/>	Clothing donations	<input type="checkbox"/>	Food and/or nutrition information
<input type="checkbox"/>	Healthcare	<input type="checkbox"/>	Advocacy
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Legal assistance
<input type="checkbox"/>	Low-cost loans for essentials (i.e., vehicles, tools for work)	<input type="checkbox"/>	Case management
<input type="checkbox"/>	Mentoring	<input type="checkbox"/>	Immigration counseling
<input type="checkbox"/>	Spiritual guidance	<input type="checkbox"/>	In-home adaptive aids
<input type="checkbox"/>	Employment and/or job training	<input type="checkbox"/>	Independent living skills training
<input type="checkbox"/>	Counseling (i.e., mental health, crisis, drug/alcohol)	<input type="checkbox"/>	Assistance with paperwork for other agencies
<input type="checkbox"/>	Medical transportation	<input type="checkbox"/>	Rental and security deposits
<input type="checkbox"/>	Tutoring	<input type="checkbox"/>	Rental assistance
<input type="checkbox"/>	Parenting classes	<input type="checkbox"/>	Literacy classes
<input type="checkbox"/>	Payee services	<input type="checkbox"/>	Interpreters
<input type="checkbox"/>	Other (please indicate):	<input type="checkbox"/>	

20. If the answer is different from above, what are the **three** most crucial supportive service needs or priorities that exist for the City of Redding? Please list them in order of importance.

<input type="checkbox"/>	Same as indicated in #19		
	Information and referral services		Emergency shelter
	Clothing donations		Food and/or nutrition information
	Healthcare		Advocacy
	Transportation		Legal assistance
	Low-cost loans for essentials (i.e., vehicles, tools for work)		Case management
	Mentoring		Immigration counseling
	Spiritual guidance		In-home adaptive aids
	Employment and/or job training		Independent living skills training
	Counseling (i.e., mental health, crisis, drug/alcohol)		Assistance with paperwork for other agencies
	Medical transportation		Rental and security deposits
	Tutoring		Rental assistance
	Parenting classes		Literacy classes
	Payee services		Interpreters
	Other (please indicate):		

21. Please provide the following for your organization:
 Name of Organization/Agency: _____
 Address: _____
 Telephone number: _____ Fax Number: _____
 Contact Person: _____

22. Feel free to use the additional space for general comments.

Please return the completed survey in person or by mail to:
 Housing Division of the City of Redding
 777 Cypress Avenue (1st Floor)
 P.O. Box 496071
 Redding, CA 96049-6071
 By November 13, 2009
 Please call (530) 225-4405, if you have any questions.