





NCAI Fund Victim Services Micro-grant Program Sample Service Provider Community Needs Assessment

Below is a sample needs assessment that could be tailored for use in your community.

We would like to thank you for taking the time to complete this community needs assessment. This needs assessment is confidential. The needs assessment will assist the tribe in determining the safety needs and concerns of victims, and how best to prioritize crime victim services.

1.	Which of the following best describes the a	gency for which you work?		
	O Police Department	Health/medical services		
	O Probation/Corrections	○ Government service		
	City, County or District Attorney	Legal services		
	Ocourt personnel (judge, law clerk)	O Private lawyer		
	Educational institution	Private for-profit agency		
	Faith-based	Private non-profit agency		
	Other, specify:			
2.	How long have you been in your current po Less than a year 1-5 years More than 5 years	sition?		
3.	Does your organization provide services or referrals for services to victims of crime? (check all that apply)			
	Yes, provide services Yes, provi	de referrals O No		
4.	If your organization provides services to vices	tims of crime, were you able to meet all of		
	the requests for services last year?	this of chine, were you asie to meet an of		
	○Yes ○No ○Do	n't know		

 My agency did not have adequate resources to handle the matter The subject area fell outside organization's mission/expertise There was no legal remedy to the matter We did not want to duplicate services We could not meet all of the victims' needs Language barriers prevented us from providing services Other, specify: Other, specify: Mhat do you believe are the major safety concerns in the community you work with? Please rate the following on a scale of "Big problem" to "Not a problem at all". 						
	Big problem	Somewhat of a problem	Problem	Not really a problem	Not a problem at all	
Assault	\circ	0	0	0	0	
Bullying	\circ	0	0	0	0	
Child Neglect	0	0	0	0	0	
Child Physical Abuse	0	0	0	0	0	
Child Sexual Abuse	0	0	0	0	0	
Domestic Violence/Family Disputes	0	0	0	0	0	
Drinking/Intoxication	0	0	0	0	0	
Drunken/Drugged Driving	0	0	0	0	0	
Drug Abuse	0	0	0	0	0	
Drug Dealing/Sales	0	0	0	0	0	
Elder Abuse	0	0	0	0	0	
Financial Crimes	0	0	0	0	0	
Gang Violence	0	0	0	0	0	
Human Trafficking	0	0	0	0	0	
Identity Theft/Fraud	0	0	0	0	0	
Labor Trafficking	0	0	0	0	0	
Sex Trafficking/Used in Prostitution	0	0	0	0	0	
Sexual Assault/Rape	0	0	0	0	0	
Stalking	0	0	0	0	0	
Theft/Robbery/Burglary	0	0	0	0	0	
Other (please explain):			,			

5. If no, why was your organization unable to meet the request? Check *all* that apply.

The party making the request fell outside eligibility guidelines/population served by

7. As a service provider, what community you work with?	•		_				
Transportation	Transportation Crisis services 24-hour hotline						
Community Support	Community Support Accompaniment in Criminal Justice				e Process		
Counseling	Safety/Protection from the Abuser				r		
Victim Advocates	Trust in Law Enforcement response				se		
Housing	Financial Assistance						
8. What crime victim services are you aware of serving your community?							
Type of Service	Provided b	ру					
Compensation for damages	Tribe	State	County	○ Federal	O Not Aware		
Counseling	Tribe	State	County	○ Federal	O Not aware		
Cultural/Traditional Healing	○ Tribe	State	County	○ Federal	O Not Aware		
Housing	○ Tribe	State	○ County	○ Federal	O Not Aware		
Legal assistance	○ Tribe	State	○ County	○ Federal	O Not Aware		
Medical	○ Tribe	State	○ County	○ Federal	O Not Aware		
Shelter	○ Tribe	State	○ County	○ Federal	O Now Aware		
Transportation	○ Tribe	State	○ County	○ Federal	O Not Aware		
Victim advocacy	○ Tribe	State	○ County	○ Federal	O Not Aware		
Other:	○ Tribe	State	○ County	○ Federal	O Not Aware		
 9. Based on your professional experience, please indicate the reasons that prevent people in the community from reporting they have been a victim of a crime? Please select all that apply. 							
○ Child Care ○ Cultural Issues ○ Loss of Income							
O Don't Think Anyone Would Help O Don't Want To Be Part of the System							
ODon't Know/Doesn't App	ODon't Know/Doesn't Apply Other				_		

This question could be revised to more specifically address the fo	llowing	,		_	
This question could be revised to more specifically address the for Prioritization – e.g., Tribe should pursue grants and hire advocate services		ore			
Prioritization $-e.g.$, Tribe should prioritize services over [other initiative] Prioritization $-e.g.$, Tribe should prioritize domestic violence over burglaries because domestic violence is much more prevalent					
11. Do you have any suggestions on how [the tribe] should educate the community and share information in the community about different types of victimization and available resources?					
12. Are there any traditional healers and/or healing practices, availa work with victims who have experienced a crime? Yes No I don't know	ble in th	ne comm	nunity to	- D	
13. Would you like to share more about what is available or may not be available for victims of violence in the community for cultural or spiritual healing?					
14. If a Tribal community member knew that, a (n) child/youth/adult would the community member be likely to refer the person in cr following services? If no, please leave blank.				_	
Please select all that apply)	Child	Youth	Adult	Elder	
Victim Advocate		0	0	0	
Local Clinic		0	0	0	
Nearest Hospital (forensic services)		0	0	0	
raditional Healer		0	0	0	
Tribal Services (i.e. Elders Program, Family Services, ICW Department)	0	\bigcirc	0	0	
Other (please write in service):	0	0	0		

10. Do you have any suggestions on how [the tribe] should prioritize crime victim services?

15. Would you like to share additional information or express any concerns?	

[Provider] thanks you for your time and consideration in completing this survey.