

# DRAFT Listening Project Survey

1. Please give the name the town where you live: \_\_\_\_\_
2. Please check the box that includes your age:  
 Under 18       25-34       45-54       65 or older  
 18-24       35-44       55-64
3. How many people live in your household? \_\_\_\_\_
4. Do you have any children under age 18 living with you at home?    Yes    No
5. Are you currently working for pay?    Yes    No
6. Do you have a physical or mental health condition that limits your ability to work?  
 Yes    No
7. Have you or anyone in your household received assistance from any of the following programs at sometime in the past 12 months? Please check each program you or another household member are currently receiving or has received in the last 12 months:  
 MaineCare       Food Stamps       SSI       TANF  
 LIHEAP       WIC       Family Planning Services
8. Have you ever had experience living in a shelter or being homeless?  
 Yes    No
9. In the last year have you had to skip a meal because you didn't have enough food for you or your family?    Yes    No
10. Please check the box that most closely approximates your total annual family income:  
 less than \$10,000       \$30,001-40,000  
 \$10,001-20,000       \$40,001-50,000  
 \$20,001-30,000       More than \$50,000
11. Please tell us in a few words why you would like to participate in the Listening Session in your area. (Use the back of the page if you need more space).  
\_\_\_\_\_  
\_\_\_\_\_
12. Please give us the following information so that we can contact you:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**THANK YOU FOR YOUR INTEREST IN JOINING "MAINE VOICES"**

**Please Postmark By May 27<sup>th</sup>**