



AppalReD Community Needs Assessment

AppalReD Legal Aid thanks you for taking the time to complete this Needs Assessment Survey.

AppalReD Legal Aid offers free civil legal help to eligible low-income people in 37 counties of the Appalachian Mountains and rolling hills of eastern and south-central Kentucky. The following questions are being asked to determine what legal issues exist in the community that are the most common and necessary to address. This survey will explore how AppalReD can make their legal services more visible and accessible to the community.

Your responses help meet these goals! Your answers will remain confidential, so we appreciate your honest feedback. Please allow up to 10/15 minutes to complete this survey.

INFORMATION ABOUT YOU AND YOUR HOUSEHOLD

1) WHERE DO YOU LIVE?

- | | |
|--|---|
| <input type="checkbox"/> Adair County, KY | <input type="checkbox"/> Leslie County, KY |
| <input type="checkbox"/> Bell County, KY | <input type="checkbox"/> Letcher County, KY |
| <input type="checkbox"/> Breathitt County, KY | <input type="checkbox"/> Lincoln County, KY |
| <input type="checkbox"/> Casey County, KY | <input type="checkbox"/> Madison County, KY |
| <input type="checkbox"/> Clark County, KY | <input type="checkbox"/> Magoffin County, KY |
| <input type="checkbox"/> Clay County, KY | <input type="checkbox"/> Martin County, KY |
| <input type="checkbox"/> Clinton County, KY | <input type="checkbox"/> McCreary County, KY |
| <input type="checkbox"/> Cumberland County, KY | <input type="checkbox"/> Monroe County, KY |
| <input type="checkbox"/> Estill County, KY | <input type="checkbox"/> Owsley County, KY |
| <input type="checkbox"/> Floyd County, KY | <input type="checkbox"/> Perry County, KY |
| <input type="checkbox"/> Garrard County, KY | <input type="checkbox"/> Pike County, KY |
| <input type="checkbox"/> Harlan County, KY | <input type="checkbox"/> Powell County, KY |
| <input type="checkbox"/> Jackson County, KY | <input type="checkbox"/> Pulaski County, KY |
| <input type="checkbox"/> Johnson County, KY | <input type="checkbox"/> Rock Castle County, KY |
| <input type="checkbox"/> Knott County, KY | <input type="checkbox"/> Russell County, KY |
| <input type="checkbox"/> Knox County, KY | <input type="checkbox"/> Wayne County, KY |
| <input type="checkbox"/> Laurel County, KY | <input type="checkbox"/> Whitley County, KY |
| <input type="checkbox"/> Lawrence County, KY | <input type="checkbox"/> Wolfe County, KY |
| <input type="checkbox"/> Lee County, KY | <input type="checkbox"/> Another County in KY _____ |
| | <input type="checkbox"/> I do not live in KY |

2) WHAT IS YOUR ZIP CODE?	
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Questions about Personal Legal Experience

3) IN THE LAST FIVE YEARS, HAVE YOU OR A MEMBER OF YOUR HOUSEHOLD EXPERIENCED A PROBLEM IN ANY OF THE FOLLOWING CATEGORIES THAT YOU NEEDED SOME HELP RESOLVING? (SELECT ALL THAT APPLY.)

- | | |
|--|---|
| <input type="checkbox"/> Illness or injury | <input type="checkbox"/> Crime victim |
| <input type="checkbox"/> Citizenship or immigration | <input type="checkbox"/> Education (discrimination at school, unfair suspension, or access to special education programs) |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Domestic violence or sexual assault |
| <input type="checkbox"/> Consumer or finance (debt collection, repossessions, bankruptcy, credit issues, payday loans) | <input type="checkbox"/> Substance use disorder |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Disaster related |
| <input type="checkbox"/> Land dispute | <input type="checkbox"/> Criminal record |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Name change |
| <input type="checkbox"/> Children and custody | <input type="checkbox"/> Driver's license & identification |
| <input type="checkbox"/> Wills and estates | <input type="checkbox"/> State taxes |
| <input type="checkbox"/> SNAP, TANF, SSI, or other public assistance | <input type="checkbox"/> Federal taxes |
| | <input type="checkbox"/> None |
| | <input type="checkbox"/> Other_____ |

4) PLEASE TELL US ABOUT THE PROBLEM, IF YOU SELECTED MORE THAN ONE PROBLEM IN THE PREVIOUS QUESTION, TELL US ABOUT THE PROBLEM THAT YOU NEEDED THE MOST HELP WITH? (OPTIONAL)

5) FOR THIS PROBLEM DID YOU CONTACT A LAWYER FOR HELP?

- Yes **SKIP TO Q10 BELOW**
- No **COMPLETE QUESTIONS 6-9**

6) IF NOT, WHY NOT? (SELECT ALL THAT APPLY.)

- Didn't believe it was a legal problem or that a lawyer might help
- Didn't know where to look
- Didn't know legal help was available to me
- Took care of the problem on my own
- Didn't trust the legal system or lawyers (If selected go to Q9 otherwise Q10)
- Didn't think anyone would be interested in my case
- Didn't want to reveal personal information
- I have been turned away in the past
- Negative experience with the legal system in the home country
- Worried about the cost
- Hoped it might just go away
- Other (Please describe)_____



7) WHAT SITUATION WOULD MAKE YOU FEEL MORE COMFORTABLE WORKING WITH A LAWYER IF YOU EVER NEEDED TO? (SELECT ALL THAT APPLY.)

- Having a non-legal provider or case worker working with me in addition to the lawyer
- Being certain that there were no costs to me for receiving legal services
- Having a better understanding of the legal system, how it works, and what my rights are
- Other (Please describe)_____

8) WHAT DID YOU DO TO RESOLVE THE PROBLEM? (SELECT ALL THAT APPLY.)

- Received help from family or friends
- Received help from a community or spiritual leader
- Worked it out with my employer
- Receive help from my trade union
- Received help from a local government representative
- Received help from a community organization or agency **(If selected go to Q9, otherwise go to Q18)**
- Received help from my therapist or counselor
- Did what other party wanted me to do
- Took care of it myself
- The issue is still ongoing
- Other (Please describe)_____

9) WHICH COMMUNITY ORGANIZATION OR AGENCY DID YOU GO TO? JUMP TO Q18 ONCE ANSWERED

- Community Action Agency
- Domestic Violence
- Faith Community
- Food Bank
- Housing/Shelter
- Senior Services
- Veterans Program
- Other (Please describe)_____

10) DID YOU OBTAIN THE SERVICES OF A LAWYER (FREE OR OTHERWISE)?

- Yes
- No

11) IF YOU TRIED TO GET FREE LEGAL SERVICES, WHAT DIFFICULTIES, IF ANY, DID YOU ENCOUNTER? (SELECT ALL THAT APPLY.)

- I did not encounter any of these
- I wasn't eligible for free legal services
- No one there could speak my language
- The application or intake process was time-consuming or confusing



- There were no free legal services available
- They didn't have a lawyer to handle my case
- They said my case had no merit
- They said they don't do that kind of case

12) IF YOU OBTAINED A PRIVATE LAWYER DID YOU HAVE TO PAY FOR THEIR SERVICES?

- Yes, regular rate
- Yes, reduced rate
- No, the services were free

13) HOW DID YOU PAY THE LAWYER'S FEES? (SELECT ALL THAT APPLY.)

- A friend or family member loaned me the funds
- I still owe part or all the lawyer's fees
- I was able to pay from my own funds
- Services were free to me
- Took out a loan or used a credit card
- Other (Please describe)_____

14) AS YOU TRIED TO GET THE PROBLEM RESOLVED, DID YOU ENCOUNTER ANY OF THE FOLLOWING BARRIERS OR DIFFICULTIES? (SELECT ALL THAT APPLY.)

- I couldn't take time off work
- I had no transportation to get to the law office or court
- I didn't have anyone to watch my children
- I didn't have anyone to watch others I look after (e.g., elderly relatives, persons with disabilities)
- I had to delay the case due to family issues
- I had to delay the case due to medical or health issues
- I had to delay the case due to having to be away from the area for personal reasons (e.g., job, military, family concerns)
- I had to delay my case due to not having the money to pay fees or other costs associated with my case
- My lawyer was no longer willing to represent me
- My lawyer was no longer able to represent me (e.g., due to illness, death family issues)
- Other (Please describe)_____

15) PLEASE GIVE US A BRIEF DESCRIPTION OF HOW THE LEGAL PROBLEM WAS RESOLVED. (OPTIONAL)



16) TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS ABOUT THE OUTCOME OF THE LEGAL ASSISTANCE YOU RECEIVED?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
I am satisfied with the outcome of the case.	0	0	0	0	0
I was treated fairly.	0	0	0	0	0
The lawyer did a good job.	0	0	0	0	0
My concerns were taken seriously.	0	0	0	0	0
I have trust in the legal system.	0	0	0	0	0

17) REGARDING THE LEGAL ASSISTANCE YOU RECEIVED, INDICATE WHICH CATEGORIES THEY WERE IN. (SELECT ALL THE APPLY).

- Basic identification documents (SS, Birth Certificates, etc.)
- Children's Rights (rights of children in family disputes, abuse and neglect cases, access to education)
- Civil Rights (discrimination in employment, housing or public services based on race, gender, age, disability, familial status)
- Consumer's Rights (debt collection, repossessions, bankruptcy, credit issues, payday loans)
- Disability Rights (Social Security Disability Insurance, Americans with Disabilities Act issues, or lost job due to disability)
- Disaster Relief (FEMA and unemployment claims, eviction prevention due to disaster, home repairs, denial of insurance)
- Domestic Violence / Sexual Assault (secure and enforce protective orders)
- Education (discrimination at school, unfair suspension, or access to special education programs)
- Elder Law (abuse or financial exploitation of the elderly, living will or medical power of attorney, nursing home)
- Employment (sexual harassment, unfair termination, discrimination, labor trafficking, working conditions, wage theft)
- Expungement (removing criminal charges from the record)
- Family Law (divorce, child custody, alimony, child support)
- Health Care Law (Medicaid issues, non-payment of covered expense by insurance, or denied coverage)
- Housing (foreclosure, evictions, property taxes, discrimination, denied housing, repairs and code violations)
- Human Trafficking (forced labor or sexual exploitation)
- Immigration (naturalization application, visa for relative, deportation, human trafficking, issues with ICE)



- Public Benefits (applying for food stamps, receiving welfare benefits, or denied job training programs)
- Taxes (Federal or State)
- Veterans Rights (disability compensation, discharge upgrades, VA overpayments, post-discharge employment, denial of benefits)
- Wills and Estates (distribution of property after death, probate, living wills, powers of attorney, health care powers of attorney)
- I have never needed any of these legal services.
- I have needed legal assistance (criminal or civil) but have not contacted someone to help me.
- Other (Please describe)_____

Questions About Whole Legal System

18) WHAT ARE THE BIGGEST PROBLEMS THAT PEOPLE IN YOUR COMMUNITY HAVE THAT MIGHT REQUIRE LEGAL ASSISTANCE? (SELECT ALL THAT APPLY.)

-
- Children and custody
- Citizenship or immigration
- Consumer or finance
- Crime victim
- Criminal record
- Disaster related
- Divorce
- Domestic violence or sexual assault
- Driver's license & identification
- Employment
- Housing
- Illness or injury
- Land dispute
- Name change
- SNAP, TANF, SSI, or other public assistance
- Substance use disorder
- Wills and estates
- None
- Other (Please describe)_____

19) WHAT ARE THE REASONS WHY PEOPLE SOMETIMES DON'T SEEK LEGAL HELP WHEN THEY HAVE A CIVIL LEGAL PROBLEM? (SELECT ALL THAT APPLY.)

- They don't believe that their problem is a legal problem or that a lawyer might help
- They don't know where to look
- They aren't aware that free legal services are available
- The application or intake process is time-consuming or confusing
- They'd rather handle it themselves
- They don't trust the legal system or lawyers
- They don't want to reveal personal information
- They worry about the cost
- They hope it might just go away
- Other (Please describe)_____



20) TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS ABOUT FREE LEGAL SERVICES?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Free legal services are available to low-income people in my community.	0	0	0	0	0
There is a free legal services office in a convenient location in my community.	0	0	0	0	0
Free lawyers are as skillful as paid lawyers.	0	0	0	0	0
Everyone deserves to be represented by a lawyer if they have a legal problem.	0	0	0	0	0
I would be willing to pay more in taxes to support more free legal services in my community.	0	0	0	0	0

21) TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS ABOUT THE LEGAL SYSTEM?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
The legal system treats some people better than others depending on income or social status.	0	0	0	0	0
You need special knowledge to participate in the legal system.	0	0	0	0	0
I know someone to ask if I have a question about the legal system.	0	0	0	0	0



22) WHICH OF THE FOLLOWING LEGAL SERVICES DO YOU ANTICIPATE THAT YOU OR YOUR FAMILY WILL NEED IN THE NEXT FEW YEARS? (SELECT ALL THAT APPLY.)

- Basic identification documents (SS, Birth Certificates, etc.)
- Children's Rights (rights of children in family disputes, abuse and neglect cases, access to education)
- Civil Rights (discrimination in employment, housing or public services based on race, gender, age, disability, familial status)
- Consumer's Rights (debt collection, repossessions, bankruptcy, credit issues, payday loans)
- Disability Rights (Social Security Disability Insurance, Americans with Disabilities Act issues, or lost job due to disability)
- Disaster Relief (FEMA and unemployment claims, eviction prevention due to disaster, home repairs, denial of insurance)
- Domestic Violence / Sexual Assault (secure and enforce protective orders)
- Education (discrimination at school, unfair suspension, or access to special education programs)
- Elder Law (abuse or financial exploitation of the elderly, living will or medical power of attorney, nursing home)
- Employment (sexual harassment, unfair termination, discrimination, labor trafficking, working conditions, wage theft)
- Expungement (removing criminal charges from the record)
- Family Law (divorce, child custody, alimony, child support)
- Health Care Law (Medicaid issues, non-payment of covered expense by insurance, or denied coverage)
- Housing (foreclosure, evictions, property taxes, discrimination, denied housing, repairs and code violations)
- Human Trafficking (forced labor or sexual exploitation)
- Immigration (naturalization application, visa for relative, deportation, human trafficking, issues with ICE)
- Public Benefits (applying for food stamps, receiving welfare benefits, or denied job training programs)
- Taxes (Federal or State)
- Veterans Rights (disability compensation, discharge upgrades, VA overpayments, post-discharge employment, denial of benefits)
- Wills and Estates (distribution of property after death, probate, living wills, powers of attorney, health care powers of attorney)
- I don't expect to need any of these legal services.
- Other (Please describe)_____

23) IN THE FUTURE, IF YOU OR SOMEONE IN YOUR HOUSEHOLD HAD A CIVIL LEGAL PROBLEM THAT MIGHT REQUIRE LEGAL ASSISTANCE WHERE WOULD YOU GO FOR HELP? (SELECT ALL THAT APPLY.)

- An organization that provides free legal services
- Court or government office
- Employer or trade union
- Friend or family
- Google or phone or business directory
- Legal self-help website or book
- Local attorney that I know



- Public library
- Social service agency
- University legal clinic
- www.KYjustice.org
- Don't know
- Other (Please describe) _____

AppalReD wants to understand the legal issues facing all people in our service area and identify issues that may be affecting different groups or parts of the service area differently. By answering the following questions, we will be able to better see areas or groups who are more at risk of facing legal issues. Thank you in advance for sharing your details with us!

24) HOW DO YOU IDENTIFY YOUR GENDER?

- Female
- Male
- Nonbinary
- Transgender
- Other (Please describe) _____
- Prefer not to answer

25) HOW DO YOU IDENTIFY YOUR RACE OR ETHNICITY? (SELECT ALL THAT APPLY.)

- Asian-Pacific Islander
- Black
- Hispanic
- Native American
- White
- Other/Unknown
- Prefer not to answer

26) WHAT IS YOUR HOUSEHOLD INCOME?

- Less than \$15,000
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- More than \$75,000
- Prefer not to answer

27) WHAT SOURCES DOES YOUR INCOME COME FROM? (SELECT ALL THAT APPLY)

- Alimony/Maintenance
- Black Lung
- Child Sup. Receive
- Disability
- Employment
- General Assistance
- None



- Other or Unknown
- Retirement/Pension
- Spousal Employment
- SSDI (S. S. Disability)
- SSI
- Trust, Interest, Div.
- Unemployment
- Veteran's Benefits
- Welfare – KTAP
- Worker's Comp.
- Prefer not to say
- Other (Please describe) _____

28) WHAT IS YOUR AGE?

- Under 18
- 18 to 29
- 30 to 39
- 40 to 49
- 50 to 64
- 65 or older
- Prefer not to answer

29) ARE YOU CURRENTLY – (SELECT ALL THAT APPLY.)

- Employed full time
- Employed part time
- Employed occasionally
- Self-employed
- Out of work and looking
- Out of work and not looking
- A homemaker
- A student
- Retired
- Disabled
- Active military
- Military Veteran
- Prefer not to answer
- Other (Please describe) _____

30) WHAT IS YOUR MARITAL STATUS?

- Divorced
- Married
- Separated
- Single
- Unknown
- Unmarried partner
- Widow or Widower

31) DO YOU IDENTIFY AS LGBTQIA+?

- Yes
- No
- Prefer not to answer

32) WHAT LANGUAGE IS SPOKEN MOST OFTEN IN YOUR HOME:

- English
- Spanish
- American Sign Language
- Other (Please describe) _____

33) WHAT IS YOUR HOUSING STATUS?

- Homeless (no fixed, regular, and adequate nighttime residence)
- Jail
- Living in a house of a deceased relative
- Migrant Camp
- Nursing home
- Own my home
- Prison
- Private rental
- Public housing
- Rehabilitation or transitional living center
- Section 8 voucher
- Staying with friend or family member
- Prefer not to say
- Other (Please describe) _____

34) HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD, INCLUDING YOURSELF?

- Number of people under 18 years old _____ (#)
- Number of people 18-34 years old _____ (#)
- Number of people 34-64 years old _____ (#)
- Number of people 65 years and older _____ (#)



Thank you for taking the time to answer the questions above! Your voice is important and will help us shape the services we are able to provide inside of our community. You can end the survey now or if you have an additional 5-10 minutes, you can answer another set of questions and be entered in a drawing for a \$50 gift card.

35) DO YOU HAVE TIME TO COMPLETE ANOTHER SET OF QUESTIONS?

- Yes
- No

36) WHAT DO YOU KNOW ABOUT APPALRED, AN ORGANIZATION THAT PROVIDES FREE LEGAL SERVICES TO PEOPLE IN EASTERN & SOUTH-CENTRAL KENTUCKY?

- Heard of them, but not sure what they do
- Nothing, never heard of them
- I know people that have worked with them
- I worked with them on an issue I was having **COMPLETE Q37-Q40**
- Other (Please describe) _____

37) HOW DID YOU HEAR ABOUT APPALRED?

- | | |
|---|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Other LS Program |
| <input type="checkbox"/> Private Bar/KBA | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Court, Clerk, Judicial | <input type="checkbox"/> Other |
| <input type="checkbox"/> Television/Radio/Newspaper | <input type="checkbox"/> Prior Use |
| <input type="checkbox"/> DV Shelter | <input type="checkbox"/> Social Agency/Service |
| <input type="checkbox"/> Family Member/Friend | <input type="checkbox"/> Telephone Book |
| <input type="checkbox"/> Flier/Brochure | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Medical Provider | <input type="checkbox"/> Community Presentation/Outreach |
| <input type="checkbox"/> Legislator | <input type="checkbox"/> Web/Internet |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> LAV Partner |
| <input type="checkbox"/> Area Development District | <input type="checkbox"/> Billboards |

38) IF YOU WORKED WITH APPALRED PREVIOUSLY, TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS ABOUT THE OUTCOME OF THE LEGAL ASSISTANCE YOU RECEIVED?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
I am satisfied with the outcome of the Case.	0	0	0	0	0
I was treated fairly.	0	0	0	0	0
The lawyer did a good job.	0	0	0	0	0
My concerns were taken seriously.	0	0	0	0	0



I have trust in the lawyer I worked with.

0 0 0 0 0

39) WAS THERE ANYTHING THAT MADE YOUR EXPERIENCE DIFFICULT OR THINGS THAT MADE YOUR EXPERIENCE EASIER. (SELECT ALL THAT APPLY)

- I got put on a waiting list
- I did not meet criteria
- No one ever called me back
- Communication was great
- I got my issue resolved
- It was easy to reach the organization
- There was good follow through and follow up
- Other (Please describe) _____

40) TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS ABOUT FREE LEGAL SERVICES?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
I would work with AppalReD again if I had a legal issue.	0	0	0	0	0
I would refer someone else with a legal issue to AppalReD in the future.	0	0	0	0	0

41) WHAT AREA OF THE COUNTY DO YOU LIVE IN?

- In or near a city
- In or near a small town
- In a rural area

42) HOW LONG HAVE YOU LIVED IN YOUR COMMUNITY?

- Less than one year
- 1 to 5 years
- 6 to 10 years
- More than 10 years

43) WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED?

- 8th grade or less
- Some high school
- High school graduate, diploma, or GED
- Some college credit
- Trade, technical or vocational training



- Associate degree
- Bachelor's degree
- Graduate degree
- Prefer not to answer

44) IF YOU ARE EMPLOYED, ARE YOU WORKING MORE THAN ONE JOB?

- Yes
- No

45) ARE YOU RESPONSIBLE FOR THE CARE OF ONE OR MORE CHILDREN, ELDERLY FAMILY MEMBERS OR PERSONS WITH DISABILITIES?

- Not a caregiver
- Share responsibility with one or more others
- Primary caregiver

Thank you for being a part of the AppalReD Needs Assessment! Please provide an email address or phone number that can be used to enter you in the drawing for the \$50.00 gift card. We will notify you after the survey closes on February 28th if you were selected in the drawing.

All survey responses are anonymous and contact information will be used only to deliver the gift card.

Name:

Email:

Phone: