9/11 Tenth Anniversary Needs Assessment Survey Form

Thank you for your interest in this general needs assessment survey. We are mindful that the approach of the tenth anniversary of the 9/11 attacks may be painful and challenging for you and your family. We appreciate your help as we plan ahead to support families during this time.

This needs assessment survey is part of a program that seeks to assist eligible* family members of victims of 9/11 taking part in anniversary events on September 10-11, 2011, in New York City. Also, depending on available funds, the program will be able to provide limited transportation and lodging subsidies for family members who qualify for this type of assistance.

This is a general needs assessment survey form. It IS NOT an application form for assistance, nor an enrollment form – these will come out in March 2011. It DOES NOT sign you up for any specific events. (If you plan to attend events at the Pentagon or in Shanksville, PA, instead of NYC, please contact the MHA-NYC Project Director, Sanja Blazekovic, at: sblazekovic@mhaofnyc.org.)

ALL OF YOUR RESPONSES WILL BE KEPT CONFIDENTIAL. Responses are being collected by the National Disaster Interfaiths Network based in NYC. Support services will be provided by the Mental Health Association of NYC (MHA-NYC), working alongside other 9/11 organizations. Funding for the program (called 9/11 Healing & Remembrance) comes from the U.S. Department of Justice, Office of Victims of Crime.

You may not have clear answers at this time to some of the questions that follow – even about whether or not you will attend. HOWEVER, YOUR BEST GUESS/ESTIMATE WILL HELP US PLAN NOW. You will be able to update your information later.

1. Please check the ONE group that BEST describes you:

A. ☐ “Family member” of a person who died in the 9/11 attacks*
B. ☐ “Family member” of a survivor, impacted resident or recovery worker of the 9/11 attacks who has since died of a related injury*
C. ☐ Injured survivor of the 9/11 attacks
D. ☐ Survivor/Evacuee of the World Trade Center complex
E. ☐ Displaced resident of Lower Manhattan on 9/11
F. ☐ First responder or recovery worker

*If you marked "A" or "B," please identify your relationship by completing this sentence:

“The deceased person was my __________________________________________.”
2. **DO YOU PLAN TO ATTEND** tenth anniversary events in NYC on September 10-11?

- [ ] Yes
- [ ] Don’t know yet
- [ ] No (Skip to page 6, question 11.)

Comments:

3. **OTHER FAMILY MEMBERS**: Please list family members who would attend with you, showing their ages and their relationship to YOU (for example: spouse, partner, sibling, son).

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<th>Relationship to You</th>
<th>Age</th>
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4. **FAMILY SUPPORT CENTERS**: MHA-NYC is planning for Family Support Centers to provide emotional, physical, and spiritual care for family members on September 10-11. These centers will be located in hotels where families are staying, and near some of the anniversary event sites, for the convenience of families. They will NOT be open to the public or to the media.

A. Which of these professional support services would you most likely participate in if they were available?

- [ ] acupuncture/pressure
- [ ] massage
- [ ] art activities
- [ ] meditation
- [ ] chaplains
- [ ] movement
- [ ] children's play area
- [ ] pet therapy
- [ ] group counseling
- [ ] prayer room
- [ ] individual counseling
- [ ] writing activities

Other suggestions:

B. To help us plan for appropriate spiritual care, please indicate your faith tradition:

- [ ] Prefer not to answer
- [ ] Jewish
- [ ] Christian
- [ ] Muslim

Other (Please specify):

C. Please check AGE GROUP of any children who would need child care:

- [ ] 0-5
- [ ] 6-11
- [ ] 12-15
5. **SPECIAL NEEDS**: What “special needs” would you and your family members require assistance with while in NYC? (Check All that Apply)

- Family Member A: Sight  Hearing  Mobility  Language
- Family Member B: Sight  Hearing  Mobility  Language
- Family Member C: Sight  Hearing  Mobility  Language
- Family Member D: Sight  Hearing  Mobility  Language
- Family Member E: Sight  Hearing  Mobility  Language
- Family Member F: Sight  Hearing  Mobility  Language

PLEASE PROVIDE ANY DETAILS that would help us support you. For example, if you checked "language," you could indicate your need for translation:

6. **LODGING NEEDS**: In cases of hardship, a limited number of subsidized rooms will be provided. Would you likely need subsidized lodging?

- Yes (Please continue with **Question 6-1**)
- No (Please go to **Question 7**.

6-1. **IF YOU ANSWERED “YES”**: 

A. Which location option would you most prefer?

- Lower Manhattan
- Anywhere outside Lower Manhattan
- Brooklyn
- Bronx
- Staten Island
- Queens
- Long Island
- Upstate New York

B. What type of accommodations would you prefer? Hotel  Motel

C. How many rooms would you/your family need? 1  2  3  4

D. How many beds (assume full-size)? 1  2  3  4

Other lodging information:
7. **TRANSPORTATION NEEDS**: In cases of hardship, limited subsidies for transportation may be available. Would you likely need subsidized transportation?

☐ Yes (Please continue with **Question 7-1**)  ☐ No (Please go to **Question 8**.)

7-1. **IF YOU ANSWERED “YES”**: 

A. How many miles would you need to travel from where you live to NYC?
   - 0-100
   - 100-250
   - 250-500
   - 500-2000
   - 2000+

B. What form of transportation would you use?  ☐ Car ☐ Plane ☐ Bus ☐ Train

C. What help would you need with transportation around the city (taxi, public transit, etc.)?

D. Please estimate **TOTAL ROUND-TRIP** transportation costs for you and your family members:
   - $0-250
   - $250-500
   - $500-1000
   - $1000-1500
   - $1500-3000
   - $3000+

8. **What OTHER HARDSHIPS** might keep you from attending anniversary events in NYC? (100 words max.)

9. **What SUPPORT** would you need to overcome these hardships/obstacles? (100 words max.)
10. Please give any ADDITIONAL SUGGESTIONS for support services here. (100 words max.)

11. CONTACT INFORMATION: So that we can follow up with you if necessary, please provide the following:

____________________________________________         _________________________
Last Name        First Initial of First Name

____________________________________      ______ _____     ___________
City          State               ZIP

Best Phone Number to Contact You:        Area Code (         )   _________________________
__________________________________________________________________________
Email Address

12. MORE PROGRAM INFORMATION: Details about the 9/11 Healing and Remembrance program, including eligibility criteria and enrollment instructions, will be available in March, when the program will be launched.

Would you like to be added to our contact lists, using the contact information from Question 11 above?  ☐ Yes       ☐ No       ☐ I'll let you know later.

Thank you for participating in this survey. Your responses will help us plan appropriate supports for victims' families attending 9/11 tenth anniversary events in NYC September 10-11.

*Eligibility of family members and levels of support will be determined by the Administrator based on a) relationship to victim, b) need for assistance, c) distance from the event, d) events of attendance, and other factors. Eligibility is NOT based on age, gender, immigration status, race, religious affiliation, or sexual orientation. Hardship subsidies for lodging and transportation will be based on assessed need and availability of funds.