

OAKRODGE

NEIGHBORHOOD

Resident's Survey

BLDG/APT #: _____

How do you feel about the current COVID-19 situation? _____

Are you or any member of your household directly impacted by it? Yes No

Do you have problems with accessing food? Yes No

Are you currently employed? Yes No

Are you looking for a job? Yes No

Do you have any needs that we can assist you with? Yes No

1. _____

2. _____

3. _____

Interviewer notes:

