

QUESTIONNAIRE

14 mi

I. Family Composition

DATE 1-29-65

- A. Name of head of family Mrs. Paulie Mae Mitchel (35)
 B. Address 173 Vine St
 C. Number of persons in family 4

D. Name	Age	Sex	Name	Age	Sex
1. <u>Sarah Ann</u>	<u>7</u>	<u>FM</u>	<u>5.</u>		
2. <u>M. Ann</u>	<u>5</u>	<u>M</u>	<u>6.</u>		
3. <u>Lisa Herill</u>	<u>2</u>	<u>FM</u>	<u>7.</u>		
4. _____			<u>8.</u>		

E. Others in household Six (Rose Mae Mitchel) Sister

F. Name	Age	Sex	Relationship
1. <u>Willie James</u>	<u>10</u>	<u>M</u>	
2. <u>Dorise</u>	<u>8</u>	<u>FM</u>	
3. <u>Mary Rose</u>	<u>7</u>	<u>FM</u>	

II. Years of School Completed Shirley → 1 → 2 → 3 → 4 → 5 → 6 → 7 → 8 → ABOVE

A. Husband	1	2	3	4	5	6	7	8	ABOVE
B. Wife <u>Mrs. Paulie</u>									<u>11</u>
C. Children									
1. <u>Sarah</u>		<input checked="" type="checkbox"/>							
2. _____									
3. _____									
4. _____									
D. Others									
1. <u>Willie</u>				<input checked="" type="checkbox"/>					
2. <u>Dorise</u>				<input checked="" type="checkbox"/>					
3. <u>Mary Rose</u>			<input checked="" type="checkbox"/>						
4. <u>Prudella</u>			<input checked="" type="checkbox"/>						

III. Employment Status and Family Income

A. Husband	Employed	Unemployed	Seasonal	Yearly Income	Name and Address of Employer
B. Wife	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
C. 1. Others	<input checked="" type="checkbox"/>			<u>1620. P. wk.</u>	<u>Deady Hosp.</u>
2. _____					

- D. Monthly Expenses
1. Rent \$38.00 p. mo.
 2. Heat fire place (use wood & coal)
 3. Water _____
 4. Lights Kerosene lamps
 5. Others _____

IV. Prospectus

- A. Would you participate in a basic adult education program? Yes _____ No
 B. Would you participate in a retraining program? Yes _____ No
 C. Would you enroll your pre-school children in a nursery? Yes No _____
 D. What existing community services have you availed yourself of? child care

E. What community services are you currently using? none

QUESTIONNAIRE

DATE 1-29-65

I. Family Composition

A. Name of head of family William Falling (72)
 B. Address 571 Magnolia N.W.
 C. Number of persons in family 2

D. Name	Age	Sex	Name	Age	Sex
1. <u>Annie R. Hayes</u>	<u>40</u>	<u>F.M.</u>	5. _____	_____	_____
2. _____	_____	_____	6. _____	_____	_____
3. _____	_____	_____	7. _____	_____	_____
4. _____	_____	_____	8. _____	_____	_____

E. Others in household none

F. Name	Age	Sex	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

II. Years of School Completed

	1	2	3	4	5	6	7	8	ABOVE
A. Husband			<input checked="" type="checkbox"/>						
B. Wife									
C. Children									
1. <u>Annie</u>					<input checked="" type="checkbox"/>				
2. _____									
3. _____									
4. _____									
D. Others									
1. _____									
2. _____									
3. _____									

III. Employment Status and Family Income

A. Husband	Employment Status			Yearly Income	Name and Address of Employer
	Employed	Unemployed	Seasonal		
	<u>Retired</u>			<u>\$147.00 mo.</u>	<u>Railway Express Agency</u>
B. Wife					
C. 1. Others					
2. <u>Annie</u>				<u>\$20.00 wk</u>	<u>Home</u>

D. Monthly Expenses

1. Rent _____
2. Heat \$20. p. mo.
3. Water \$15.00 p. mo.
4. Lights _____
5. Others _____

IV. Prospectus

- A. Would you participate in a basic adult education program? Yes _____ No
- B. Would you participate in a retraining program? Yes _____ No
- C. Would you enroll your pre-school children in a nursery? Yes _____ No _____
- D. What existing community services have you availed yourself of? _____

none

E. What community services are you currently using? _____

none