



Welcome to the Park Place Redevelopment Visioning Survey!

HACC is asking residents to provide their input on amenities and services that should be considered for the Park Place Redevelopment Project. HACC will use this information to inform future development decisions and also understand opportunities for improvement to current amenities and services.

The survey is completely anonymous and HACC will not be able to see individual responses. The survey takes less than 5 minutes to complete and includes mostly multiple-choice questions for an easy survey experience.

1. Where do you live?

- Clackamas Heights
- Oregon City View Manor
- Park Place Neighborhood

Other (please specify)

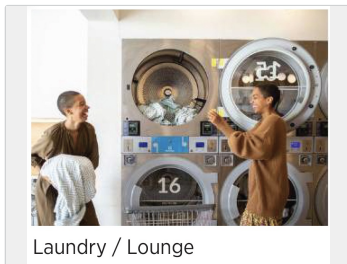
2. What are your favorite places at Clackamas Heights or Oregon City View Manor? Select all that apply.

- Community amenities
- Community room
- Paths
- Trees
- Playgrounds
- Basketball Court
- Community Garden

Other (please specify)

3. What amenities at Clackamas Heights or Oregon City View Manor could be improved? How could they be improved? (For example: updated playground equipment, larger community garden, etc.)

* 4. Which of these **basic needs** would you like to see on-site? (Please select up to 3 responses)

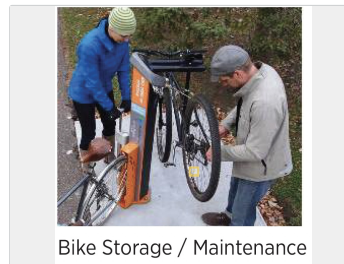


Laundry / Lounge

Laundry/Lounge

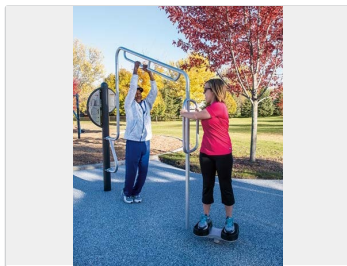


Community Kitchen

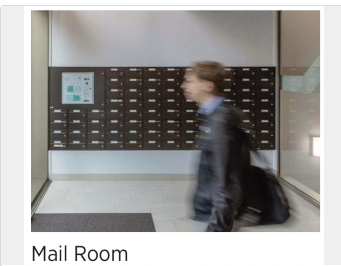


Bike Storage / Maintenance

Bike
Storage/Maintenance

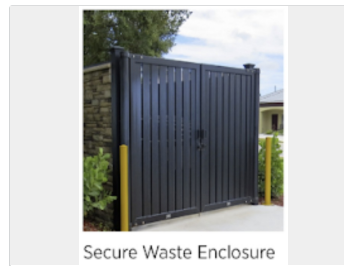


Exercise Areas



Mail Room

Mail Room



Secure Waste Enclosure


Secure Waste
Enclosure

Other



5. **If you selected "other"**, please describe what other **basic need** you would like to add.

* 6. Which of these **support spaces** are the most important or exciting to you? (Please select up to 3 responses)



Child Care

Child Care



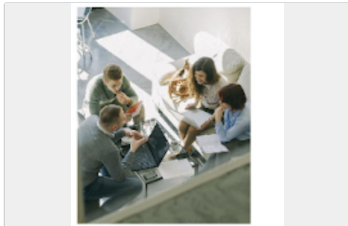
Life Skills Resources

Life Skills Resources



Indoor Play

Indoor Play



Service Provider Offices

Service Provider Offices



Food Pantry

Food Pantry



Teen Gathering

Teen Gathering

Other

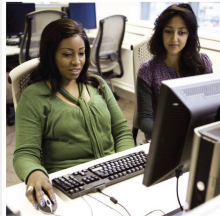
7. If you selected "other", please describe what other **support space** you would like to add.

* 8. Which of these **activities** are the most important or exciting to you?
(Please select up to 3 responses)



Music

Music



Workforce Training

Workforce Training



Computer Stations

Computer Stations



Shared Library

Shared Library



Study / WFH

Study / Work from Home



Maker Space

Maker Space



Large Group Gathering Space



Picnic and BBQ Areas



Basketball Court

Other

9. If you selected "other", please describe what other **activities** you would like to add.

* 10. Which of these **mobile amenities** would you like to see on-site?
(Please select up to 3 responses)



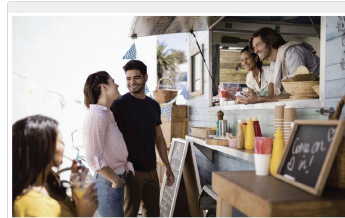
Mobile Libraries

Mobile Libraries



Mobile Farmers Markets

Mobile Farmers
Market



Food Carts

Food Carts



Mobile Health Services

Mobile Health
Services



Other

11. If you selected "other", please describe what other **mobile amenity** you would like to add.

Tell us about yourself

These next demographic questions are to help make sure that we are reaching all members of the community. HACCC will not share any identifying information submitted. Demographic information collected is only used to gauge the representation of survey participants and prevent duplicate survey entries. We recognize these are sensitive questions and want to make sure HACCC understands the gaps in the communities it's serving.

12. How do you identify your gender?

- Female
- Male
- Non binary
- I prefer not to answer

Other (please specify)

13. Which of the below best describe your race/ethnicity? (select all that apply)

- American Indian or Alaska Native
- Asian or Asian American
- Black or African American
- Hispanic or Latino
- Middle Eastern and north African
- Native Hawaiian or other Pacific Islander
- Slavic
- White
- I prefer not to answer

Other (please specify)

14. What is your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

15. What is the primary language(s) spoken in your household? (select all that apply)

- English
- Spanish
- Ukrainian
- Russian
- American Sign Language

Other (please specify)

16. Do you have any accessibility difficulties that you would like us to be aware of? Mark all that apply.

- Hearing difficulty: deaf or having serious difficulty hearing
- Self-care difficulty: Having difficulty bathing or dressing
- Vision difficulty: blind or having serious difficulty seeing, even when wearing glasses
- Independent living difficulty: Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping
- Cognitive difficulty: Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions
- I do not have any accessibility requirements
- Ambulatory difficulty: Having serious difficulty walking or climbing stairs

Other (please specify)

Thank you for your participation in this survey!

Please reach out to us at GLaFleur@clackamas.us if you have any questions or comments.

Thank you for your interest and hope to see you in upcoming engagement opportunities.