TELL US YOUR LIGHTS ON! STORY
Please feel free to tell us anything else about your experience with the Lights On! program.

Lights On! is brought to you by MicroGrants, a Minneapolis-based non-profit whose primary work is in giving timely grants to low-income individuals that advance them toward economic stability. Since 2005, MicroGrants has partnered with over 50 local service organizations in giving people a hand-up — and not a hand-out.

MicroGrants created and operates Lights On! as another opportunity to help our fellow community members at a crucial time, turning potentially difficult situations into positive opportunities for drivers, law enforcement, and the community.

WE NEED YOUR FEEDBACK
Help us make Lights On! even better and more available to others.

You can do it online, on your phone or by filling out the questions inside this brochure. It should only take about 5 minutes.

TAKE THE SURVEY
To take the survey online, scan the QR Code to the right, or go to the URL below:
www.surveymonkey.com/r/LightsOn2

Lights On! is a nonprofit program that enables police officers to give repair vouchers instead of tickets for defective car lights.

Lights On! provides a positive solution that helps strengthen communities. This is not a government program. Lights On! is funded through the generosity of our neighbors.

Please take a moment to provide some feedback about your Lights On! experience. Your input is essential.

DRIVER CONTACT INFORMATION
Before completing our survey, please provide your contact information in the space below:
Name:__________________________
Address: (Street)__________________________
(City)__________________________ (State)__________________________ (Zip code)______
Email:__________________________
Phone: (__________) ________ –

Facebook.com/LightsOnUS.org    Twitter.com/LightsOn_US
Instagram.com/LightsOn_US
This survey will be used to help demonstrate the impact of the Lights On! program and to help us improve it.

Your participation is voluntary.

Thank you for your feedback!

1. Please indicate the approximate date, time and location (cross streets & city) where you received your Lights On! voucher:
   Date: _____/____/_____ Time: ____ a.m./p.m.
   Location: ______________________________________

2. Which law enforcement agency gave you the Lights On! voucher? (Agency logo is on voucher)
   ____________________________________________

3. How satisfied are you with the interaction you had with the police officer who gave you the Lights On! voucher?
   □ Very satisfied
   □ Satisfied
   □ Dissatisfied
   □ Very dissatisfied
   Please add any comments that will help us understand your response:
   ____________________________________________

4. Which auto service location did you redeem your Lights On! voucher at?
   Name: _____________ City: _______________

5. How satisfied are you with the service you received at the auto repair location?
   □ Very satisfied
   □ Satisfied
   □ Dissatisfied
   □ Very dissatisfied

6. Before you received the Lights On! voucher, how satisfied were you with your interactions with the police in the same community?
   □ I never interacted with police in this community before I got the voucher
   □ Very satisfied
   □ Satisfied
   □ Dissatisfied
   □ Very dissatisfied
   Please add any comments that will help us understand your response:
   ____________________________________________

7. If you had not received the Lights On! voucher, and instead you had gotten a warning or ticket from the police officer who stopped you, how likely would it have been that you had gotten your vehicle light/turn signal repaired?
   □ Very likely
   □ Likely
   □ Unlikely
   □ Very unlikely
   IF YOU ANSWERED UNLIKELY OR VERY UNLIKELY, what would have prevented you from getting your vehicle repaired?
   ____________________________________________

8. What is the impact for you of getting the voucher from Lights On? (What would have happened to you if you had gotten a ticket or a warning instead?)
   ____________________________________________

9. What is your age (in years)?
   □ Under 18
   □ 18 – 24
   □ 25 – 34
   □ 35 – 44
   □ 45 – 54
   □ 55 – 64
   □ 65+

10. How do you identify your gender?
    □ Female
    □ Male
    □ Non-Binary
    □ Another way
    □ Prefer not to answer

11. How do you identify your race/ethnicity? (Check all that apply.)
    □ White or Caucasian
    □ Black, African American or African
    □ Hispanic or Latinx
    □ Asian or Asian American
    □ American Indian, Native American or Alaskan Native
    □ Prefer not to answer

12. What is the highest level of education you have completed?
    □ Less than high school
    □ High school graduate or GED
    □ Some college, vocational, technical or trade school, or 2 year degree
    □ 4 year degree (bachelor’s degree)
    □ Post graduate or professional degree
    □ Prefer not to answer

13. What is your total annual household income from all earners and all sources?
    □ Under $15,000
    □ $15,000 to $29,999
    □ $30,000 to $39,999
    □ $40,000 to $49,999
    □ $50,000 to $74,999
    □ $75,000 to $99,999
    □ $100,000 to $150,000
    □ Over $150,000
    □ Prefer not to answer

14. Please leave any additional comments about your Lights On! experience in the space below:
    ____________________________________________