

**REDWOOD EMPIRE FOOD BANK and
UNIVERSITY OF CALIFORNIA COOPERATIVE EXTENSION
SHASTA COUNTY**

****EMERGENCY FOOD PROVIDER SURVEY****

Agency Name: _____

Address: _____ Zip: _____

Person completing survey: _____

Title: _____ Phone: _____ Date _____

Purpose of overall organization: _____

1. What kind of *food* services do you provide? (please check all that apply)

- _____ food bags or boxes to needy families or individuals
- _____ federal commodities program
- _____ "soup kitchen" meals
- _____ senior nutrition program meals
- _____ meals to shelter residents (how many beds do you have? _____)
- _____ delivered meals/groceries to the homebound
- _____ vouchers for meals at local restaurants
- _____ vouchers for the purchase of foods at grocery stores
- _____ other, please describe _____

Please answer the following questions in regard to your EMERGENCY FOOD SERVICES ONLY – Do not include commodities, Federal senior meals, or other government programs.

2. How long has your agency been providing emergency food services in this county? _____ #years

3. How often do you provide these services?

- _____ # days each week _____ # days each month
- _____ as needed / Emergencies _____ other (please describe) _____

A. Hours of operation: _____

4. What communities do you serve?

- _____ All of the County
- _____ Certain areas – List the communities or area of service _____

5. What are your criteria for someone to receive food? Please check all that apply.

- _____ age (specify) _____
- _____ income guidelines (specify) _____
- _____ residence in area of service
- _____ church/religious membership _____

_____ church/religious service participation _____
_____ community service (specify) _____
_____ specific illness/disability (specify) _____
_____ participation in agency or organization activities _____
_____ residence at agency or organization _____
_____ participation in counseling (specify type) _____
_____ people who are genuinely in need of food, based on our judgment call _____
_____ people who are referred to us from: _____
_____ anyone, there are no requirements at all _____
_____ other: _____

6. Do you limit the number of times an individual or family may use your service?

_____ yes, limited to _____ times per _____
_____ yes, staff decide on a case by case basis _____
_____ no limit _____

7. If you keep records of your clients, what information do you include?

_____ name	_____ reason for emergency
_____ address	_____ last time served
_____ number in household	_____ ethnicity
_____ number of children	_____ other: _____
_____ sources of income	_____ don't keep records

8. What kind of emergency food services do you provide? Please answer all that apply.

EMERGENCY FOOD BOXES/BAGS

Number of boxes/bags provided last month: _____

Average length of time boxes are intended to last: _____

Number of clients last month (Count each person only once, even if they used services multiple times last month): _____

How often do clients receive service per month? _____

Are boxes tailored for the size of families? _____ YES _____ NO

CONGREGATE MEALS (dining sites)

Number of breakfasts served last month: _____

Number of lunches served last month: _____

Number of dinners served last month: _____

Number of clients last month (Count each person only once, even if they used services multiple times last month): _____

MEALS AT RESIDENTIAL DAY TREATMENT USE PROGRAMS

Number of breakfasts served last month: _____

Number of lunches served last month: _____
Number of dinners served last month: _____
Number of clients last month (Count each person only once, even if they used services multiple times last month): _____

DELIVER MEALS TO THE "HOMEBOUND"

Number of breakfasts served last month: _____
Number of lunches served last month: _____
Number of dinners served last month: _____
Number of clients last month (Count each person only once, even if they used services multiple times last month): _____

ISSUE VOUCHERS FOR THE PURCHASE OF FOOD

Average amount of food one voucher can buy \$ _____
How often can clients return for service? _____
Number of clients last month (Count each person only once, even if they used services multiple times last month): _____
Restrictions on voucher use? _____

9. Please estimate around how many people who use your services are:
Children (under age 18) _____% Over age 60? _____%
10. Do you see an increase in requests for food toward the end of the month?
____ Usually ____ Sometimes ____ never ____ N/A
11. Are there seasonal fluctuations in the demand for *food* services?
____ YES ____ NO
Please explain _____
12. Have you noticed any change over the past 12 months?
____ No ____ Yes, increase of ____ %
____ N/A ____ Yes, decrease of ____ %
13. What proportion of your food (not money) do you obtain from each of the following sources?
Name of source(s):
- | | |
|--|---------|
| Food Bank | _____ % |
| Donors: business/retail, markets, etc. | _____ % |
| Wholesale food purchases | _____ % |
| Food Drives | _____ % |
| None | _____ % |
| Other, please explain | _____ % |

14. On average each month, how much does your agency/site spend to purchase food? \$ _____

15. Do you have enough food to meet the demand?
_____ always _____ most of the time _____ never _____ N/A

16. Each month:
About how many people do you TURN AWAY due to lack of food? _____ %
About how many people do you have to give a REDUCED amount? _____ %

17. Are there specific barriers to your agency using the Food Bank, or using it as much as you'd like?
_____ No _____ Yes, please specify _____

18. If the food supply you receive from the Food Bank were eliminated, would this have any significant impact on your program? (check one)
_____ None _____ Significant _____ Unsure
_____ Minimal _____ Devastating

19. Do your supplies allow you to provide a variety of food?
_____ always _____ most of the time _____ never _____ N/A

20. What types of food do you NEED MORE of?

	<u>Always</u>	<u>Occasionally</u>	<u>Never</u>
Bread/cereal	_____	_____	_____
Fresh fruits/vegetables	_____	_____	_____
Milk/cheese	_____	_____	_____
Meat/poultry/fish/eggs	_____	_____	_____
Beans/peanut butter	_____	_____	_____
Formula/baby goods	_____	_____	_____
Canned goods	_____	_____	_____
Non-foods (soaps, etc)	_____	_____	_____
Other: _____	_____	_____	_____

21. How often do you use nutrition guidelines for making up the grocery bags or meals?
_____ usually _____ sometimes _____ never _____ N/A
Please describe your guidelines: _____

22. How much of the food you distribute is low in fat and added sugar?
_____ all _____ most _____ some _____ very little

23. What foods do you avoid distributing?
_____ soda
_____ chips
_____ candy
_____ pastries, donuts, cookies or cakes

_____ all kinds of food are distributed
_____ other: _____

24. How often do you provide soda?
_____ always _____ sometimes _____ rarely _____ never

25. In regard to the food storage your agency uses:

(If NO, how often does this happen?)

Are your REFRIGERATORS sufficient for your needs? _____ YES _____ NO _____ %

Are Your FREEZERS sufficient for your needs? _____ YES _____ NO _____ %

Is your DRY STORAGE/PANTRY sufficient for your needs? _____ YES _____ NO Number of clients last month (Count each person only once, even if they used services multiple times last month): _____ %

26. Do you ever have difficulty distributing food before it spoils? _____ YES _____ NO
If so, please describe how often this happens and the reason it occurs _____

27. Which methods does your agency use to pick up food?

- _____ we use agency-owned vehicles
- _____ our volunteers/staff use their own vehicles
- _____ our agency arranges for pick ups with larger organizations who have their own transportation.
- _____ food is delivered to us
- _____ not applicable, because we do not distribute food
- _____ other: _____

28. Is the transportation available to your agency adequate? _____ YES _____ NO
Please describe any transportation (including insurance) problems that you have:

29. Do you supply nutrition or food preparation information to your clients?
_____ YES (_____ times per _____) _____ NO

30. How useful would INFORMATION on the following topics be to your STAFF/VOLUNTEERS?

	Very	Somewhat	Not at all
Nutritious preparation of meals or bags	_____	_____	_____
Food packages for homeless people	_____	_____	_____
Nutrition needs of special groups (which ones? _____)	_____	_____	_____
Food storage	_____	_____	_____
Food safety	_____	_____	_____
Other: _____)	_____	_____	_____

31. What are your major problems in providing emergency food assistance?

