

**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?

| | |
|--|---|
| <input type="checkbox"/> name | <input type="checkbox"/> reason for emergency |
| <input type="checkbox"/> address | <input type="checkbox"/> last time served |
| <input type="checkbox"/> number in household | <input type="checkbox"/> ethnicity |
| <input type="checkbox"/> number of children | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> sources of income | <input type="checkbox"/> 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?

