Agency Survey Addendum: **FOOD PANTRY**

**Agency Name:** ______________________________________________________________

Please complete this form to give us a clear and complete picture of the services you provide and populations you serve. Read through all of the categories and indicate all that apply to your organization on a regular basis. This completed form will help us to make only the most appropriate referrals to your organization.

**Food Pantry/Soup Kitchen Inclusion/Exclusion Criteria** — Please check all that apply:

- [ ] Have clean, secure, adequate storage and/or meal preparation area
- [ ] On-site feeding or grocery distribution programs has been in operation for at least six (6) months
- [ ] Do not charge a fee or seek specific donations from the program beneficiaries

**Area(s) Served:** Please indicate the area(s) you serve. Choose specific county or city or zip codes.

- [ ] All 14 UWCG Counties
- [ ] Baldwin
- [ ] Bibb
- [ ] Crawford
- [ ] Hancock
- [ ] Houston
- [ ] Jasper
- [ ] Jones
- [ ] Macon
- [ ] Monroe

Specific Cities: ________________________________________________________________

Specific Zip Codes: __________________________________________________________

**Required Documents:** Please indicate required client documents.

- [ ] NONE Required
- [ ] Birth Certificate
- [ ] Caseworker Referral
- [ ] Referral Required from: ____________________________________________________
- [ ] Picture ID / License
- [ ] Proof of Income
- [ ] Proof of Residence
- [ ] Social Security Card
- [ ] Other: _________________________________________________________________

What type of clients are eligible for your services? (i.e., seniors, unemployed, etc)
Name of Agency: ____________________________________________

Where does your program obtain food:

☐ Food Bank  ☐ Individual Donations  ☐ Other—Specify:

Food Pantry: If you distribute groceries, please answer the following questions:

Which days do you distribute:  ☐ MON  ☐ TUE  ☐ WED  ☐ THU  ☐ FRI  ☐ SAT  ☐ SUN

What hours do you distribute:

→ How many households are served in an average month? _______________________________

→ How much food is given to each household? ________________________________
   (You can indicate the number of items given / describe in pounds.)

→ How often can the same household receive groceries from your program? ________________________________

→ Describe your mode of record keeping: ________________________________

Meals Provided:

☐ Breakfast  ☐ Lunch  ☐ Dinner  ☐ Snack

→ Do you prepare & serve meal on-site?  ☐ Yes  ☐ No
   If no, where do you prepare & serve meals? ________________________________

→ Which days do you serve?  ☐ MON  ☐ TUE  ☐ WED  ☐ THU  ☐ FRI  ☐ SAT  ☐ SUN

→ What hours do you serve? ______________________________________________________________________

→ How many people eat at each meal (on average)? ________________________________

→ Do you ask for a fee/donation?  ☐ Yes  ☐ No  // If yes, what amount? ________________________________

→ Do you provide meals for individuals with special dietary needs (i.e., low sodium, pureed meals for those who cannot chew, etc.)?  ☐ Yes  ☐ No  // If yes, specify types of special meals: ________________________________

Soup Kitchens:

Storage Area(s) Check all that apply.

My agency has:

☐ Area with shelving  ☐ Area with refrigeration/freezer  ☐ Commercial kitchen  ☐ Commercial storage area

Location of storage:

☐ All storage is at the program address.  ☐ Some storage space is at an alternate site—please provide alternate site address: ________________________________