



## 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.

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> All 14 UWCG Counties | <input type="checkbox"/> Peach      |
| <input type="checkbox"/> Baldwin              | <input type="checkbox"/> Putnam     |
| <input type="checkbox"/> Bibb                 | <input type="checkbox"/> Twiggs     |
| <input type="checkbox"/> Crawford             | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Hancock              | <input type="checkbox"/> Wilkinson  |
| <input type="checkbox"/> Houston              |                                     |
| <input type="checkbox"/> Jasper               |                                     |
| <input type="checkbox"/> Jones                |                                     |
| <input type="checkbox"/> Macon                |                                     |
| <input type="checkbox"/> Monroe               |                                     |

Specific Cities: \_\_\_\_\_

Specific Zip Codes: \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> NONE Required                 | <input type="checkbox"/> Proof of Residence   |
| <input type="checkbox"/> Birth Certificate             | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Caseworker Referral           | <input type="checkbox"/> Other:               |
| <input type="checkbox"/> Referral Required from: _____ | _____   |
| <input type="checkbox"/> Picture ID / License          | _____   |
| <input type="checkbox"/> Proof of Income               | _____   |

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: \_\_\_\_\_

**Soup Kitchens:**

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: \_\_\_\_\_

**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: \_\_\_\_\_