

## Agency Survey Addendum: **FOOD PANTRY**

### Agency Name:

So that we are able to get a clear picture of the services that you provide, and the populations that you serve, please complete this form in addition to the Agency Survey form. Please 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 read):

- Have a clean, secure, adequate storage and/or meal preparation area
- Have the on-site feeding or grocery distribution program in operation for at least six months
- Not charge a fee or seek specific donations from program beneficiaries

### Basic Information

Please check all that apply to your organization. Do you provide:

- Hot meals
- Non-perishable groceries
- Perishable groceries
- Other:

Please indicate the area(s) you serve. Choose specific count(ies) or cit(ies) or zip code(s)

Keeping in mind storage space and capacity (the amount of individuals your organization can serve)

- All Metro Area
- Butts
- Cherokee
- Clayton
- Cobb
- Coweta
- DeKalb
- Douglas
- Fayette
- Fulton
- Gwinnett
- Henry
- Paulding
- Rockdale

Or Specific Cities:

Or Zip Codes:

### Please indicate required client documentation:

- None Required
- Birth Certificate
- Caseworker referral
- Picture ID/License
- Proof of income
- Proof of residence
- Social Security Card
- other:
- Referral required from:

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**Eligibility/Client Criteria**

**What clients are eligible for your services? (i.e. seniors, unemployed):**

**Where do you obtain the food for your program?**

- Food Bank
- Individual Donations
- Other (specify):

**Food Pantry: If you distribute groceries (a food pantry), 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 or describe in pounds.):
- How often can the same household receive groceries from your program?
- Describe your mode of record keeping:

**Soup Kitchens**

- Do you prepare and serve meals on-site? :
- If no, where do you prepare and serve meals? :
- Which days do you serve?  Mon  Tue  Wed  Thu  Fri  Sat  Sun
- What hours do you serve?
- On average, how many people eat at each meal?
- Do you ask for a fee/donation?  Yes  No What amount?

**Meals provided:**  Breakfast  Lunch  Dinner  Snack

**Do you provide meals for individuals with special needs** (i.e. low sodium, puree meals for those who cannot chew)  Yes  No

**If yes, please specify types of special meals:**

**Storage Area**

**Answer the following questions concerning your current storage area. *Check all that apply.***

**Do you have:**

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

**Location of storage:**

- All storage is at program address
- Some storage space is at alternate site