



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: _____