

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 non-profit 501(c)3 tax status
 Be in good standing with the Georgia Secretary of State's office as a registered nonprofit organization
 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 Picture ID/License Social Security Card Proof of residence
 Proof of income Birth Certificate Caseworker referral
 other:
 Referral required from:

What languages are available via staff members?

- English only Spanish French Chinese American Sign Language
 Other:

Eligibility/Client Criteria

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

Will you assist clients who receive govt. food stamps? Yes No

Will assist undocumented workers (illegal immigrants)? Yes No

Will you assist clients currently residing in subsidized housing (Section 8, public housing, HUD) Yes No

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

Signature and Title: _____

Date: _____