

**Hunger Action Network of New York State**  
**64 Fulton Street, RM 801, New York, NY 10038 (212) 741-8192 Fax (212) 741-7236**  
**275 State Street, Albany, NY 12210 (518) 434-7371 Fax (518) 434-7390**

**2012 SURVEY OF EMERGENCY FOOD PROGRAMS**

**AGENCY CONTACT INFORMATION**

Name of food program: _____			
Address of food program: Street: _____			
City: _____	State: _____	Zip: _____	County: _____
Phone: _____		Fax: _____	
Mailing address of food program (if different)			
Street: _____			
City: _____	State: _____	Zip: _____	County: _____
Name of survey taker: _____		Phone: _____	
Title: _____		Email: _____	

1. How long has your program been in existence? (Please check one)

- 1-5 Years     5-10 Years     11-15 Years     16-20 Years     21-25Years     25+

**Please read the questions and their answers carefully before answering. Check only one box for each question, unless otherwise indicated.** (\* Note: if you run both a food pantry and a soup kitchen, and if your answers are very different for each program, please submit two questionnaires at the same time, one for each program.

2. Do you run a:

- Food pantry                       both a soup kitchen and a food pantry\*                       Soup kitchen  
 Other type of emergency food program \_\_\_\_\_  
 We previously ran a food program and it closed on (date) \_\_\_\_\_

3. a. **Food Pantries:** How many people did you serve in June 2011, June 2012? (Please include all household members).

Number of Individuals		Number of Individuals	
June 2012	June 2011	June 2012	June 2011

b. **Soup Kitchens** /How many meals did you serve in June 2011, June 2012?

Number of Meals		Number of Meals	
June 2012	June 2011	June 2012	June 2011

**OUTREACH/SERVICES**

4. Do you view the promotion of Federal Nutrition Programs as part of your role?

Yes  No  Sometimes

5. Do you help your clients obtain / access any of the following Programs? (Please, check all that apply)

	Provide information / Brochures/Classes	Conduct pre-screening	Provide referrals or submit applications	Intervention /Client Advocacy
Farmers Market Nutrition Program				
Food Stamps (SNAP)				
School Meals				
Senior Meals				
Summer Food Service Program				
WIC				
Nutrition Education				

6. Has your food program adopted any nutrition standards? Yes  No

Please explain:

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7. Please rank, on a scale of one (1) to (5), the key barriers your customers/clients face in obtaining federal benefits(1) Greatest Barrier, (2) Partial Barrier, (3) One of many barriers, (4) Not a barrier, (5) Unsure

- |  |  |
|--|--|
| <input type="checkbox"/> They earn too much money  | <input type="checkbox"/> Stigma/Pride                          |
| <input type="checkbox"/> Immigration status makes them ineligible  | <input type="checkbox"/> Lack of necessary documentation       |
| <input type="checkbox"/> Fear of being mistreated at city offices  | <input type="checkbox"/> City loses/mishandles their paperwork |
| <input type="checkbox"/> They think they are ineligible, even though they may not be                         |  |
| <input type="checkbox"/> Lack of time/long waits at social service offices/long travel times to City offices |  |
| <input type="checkbox"/> Other (List) _____  |  |

8. What can Hunger Action Network of New York State (or other agencies) do to make it easier for you to provide more assistance to your clients in obtaining federal nutrition benefits?

- provide more leaflets / educational materials for your clients
- make the educational materials easier to understand
- provide literature in other languages
- help provide local contacts at the relevant city / state / federal agencies
- help provide more access to the Internet for applications
- provide training to our staff in how the various nutrition programs operate (e.g., eligibility)
- other

9. Which one of the following statements best describes your agency's current level of food distribution?

- No, we do not distribute enough food to meet our current demand. (go to question 10)
- Yes, we do distribute enough food to meet our current demand. (go to question 11)
- Unsure

10. If you do not distribute enough food to meet your current demand, which of the following statements best describes your current situation?

- If we had enough food available to meet our demand, we currently have enough capacity (storage space, refrigeration, staff and/or volunteers) to safely increase the amount of food we distribute
- Even if we had enough food available to meet demand, we do not have enough capacity to safely increase the amount of food we distribute.

**PROGRAM RESOURCES**

11. How have your resources changed in the last year? (July 2011–June 2012) Circle the number that most closely corresponds to the appropriate answer.

	Greatly decreased	Somewhat decreased	Stayed the same	Somewhat increased	Greatly increased	Unsure / Don't know
Government food & money	1	2	3	4	5	0
Private food & money	1	2	3	4	5	0
Total food & money	1	2	3	4	5	0

12. Were you forced to turn away people, reduce the amount of food distributed to each person, or limit your hours of operation because you lacked enough resources?

At any time during July 2012	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
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13. In the following section, please indicate how the number of people served by your organization has changed over the last year. Circle the number that most closely corresponds to the appropriate answer.

Change in the last year	Greatly decreased	Somewhat decreased	About same	Somewhat increased	Greatly increased	Unsure / Don't know
Overall number of clients needing food	1	2	3	4	5	0
People with paid employment (full or part-time)	1	2	3	4	5	0
Senior citizens (age 65+)	1	2	3	4	5	0
People receive inadequate pay	1	2	3	4	5	0
Children (under age 18)	1	2	3	4	5	0

14. How often do you or your staff spend personal money on your food program? (Check ONE)

Never  Rarely  Sometimes  Often  Always  Unsure/Don't know

15. Which best describes your need for volunteers? (Check one)

- We need more volunteers for tasks such as serving meals or packing bags
- We need more long-term skilled volunteers for accounting, fundraising, web design, legal assistance, etc.
- We need BOTH long-term skilled volunteers for such tasks as accounting, fundraising, web design and legal assistance and help serving meals/packing pantry bags
- We don't need any more volunteers at this time.

16. If you did apply for HPNAP funding, what happened? (Please, check all that apply)

- Applied for food grant and received award
- Applied for food grant and was rejected
- Applied for operations support grant and received award
- Applied for operation support grant and was rejected.

17. How could the HPNAP Program better meet your needs? (Please, check all that apply)

<input type="checkbox"/>	More funding	<input type="checkbox"/>	Capital equipment
<input type="checkbox"/>	More flexibility in how to spend the money	<input type="checkbox"/>	Clearer/easier application process
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Increasing HPNAP Operations Support funding
<input type="checkbox"/> Other _____			

18. Which best describes the type/s of technical assistance your program would like to receive?

- Fundraising
- Nutrition Education
- Inventory control
- Organizational development
- Record keeping
- Other (Briefly describe) \_\_\_\_\_
- Volunteer recruitment
- Client Benefits Advocacy

19. Is there a need for increased coordination among the various emergency food programs in your community?

Yes  No  Comments: \_\_\_\_\_

20. What are the major problems jeopardizing the operation of your emergency food program?  
(Please, check all that apply)

<input type="checkbox"/>	Lack of funding	<input type="checkbox"/>	Safety issues
<input type="checkbox"/>	Lack of food resources	<input type="checkbox"/>	Problems placing food orders
<input type="checkbox"/>	Inadequate storage space	<input type="checkbox"/>	Lack of computer training
<input type="checkbox"/>	Increase in clients	<input type="checkbox"/>	Inability to access food grants
<input type="checkbox"/>	Lack of staffing	<input type="checkbox"/>	Volunteer recruitment
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Do not know when and where to obtain funding

Other \_\_\_\_\_

21. Do you require more information about the various sources of government and food bank funding and resources available to you? Yes  No

If Yes, check boxes that you would like more information about

- Food Bank
- Other EFP's
- Foundations
- Elected officials
- United Way
- Hunger Action Network of New York State

**PUBLIC ADVOCACY/ACTION**

22. Do you participate in public policy advocacy/actions on behalf of low-income people? (Please, check all that apply)

YES	NO	Public Advocacy/ Actions
<input type="checkbox"/>	<input type="checkbox"/>	Coalition development: working with other groups on poverty issues
<input type="checkbox"/>	<input type="checkbox"/>	Invite legislators to program
<input type="checkbox"/>	<input type="checkbox"/>	Phone-Ins to elected officials
<input type="checkbox"/>	<input type="checkbox"/>	Letter writing campaigns/petitions
<input type="checkbox"/>	<input type="checkbox"/>	Visit elected officials
<input type="checkbox"/>	<input type="checkbox"/>	Other (Distribute flyers, Hunger Crop Walk)

23. Do you encourage your guests to participate in public policy advocacy/actions on behalf of low-income people?

- Always                       Most of the time                       Sometimes                       Never

24. How can Hunger Action Network of New York State make it easier for you to get involved in public policy advocacy/actions? \_\_\_\_\_  
\_\_\_\_\_

25. What do you feel are the most important issues affecting low-income New Yorkers? (Please, check all that apply)

- Affordable Housing                       Child Care                       Job/Employment                       Transportation  
 Education and Training                       Low Wages                       Welfare Program Issues                       Food Stamp Program Issues  
 Racism                       Health Care                       Disabilities  
 Other (please describe ) \_\_\_\_\_  
\_\_\_\_\_

26. Does your food program cater to, or offer special food / packages to, targeted groups? Yes  No

If Yes, (Please, check all that apply and kindly describe)

- Infants \_\_\_\_\_  
 Elderly \_\_\_\_\_  
 Diabetics \_\_\_\_\_  
 Hypertension \_\_\_\_\_  
 Pregnant women \_\_\_\_\_  
 HIV/AIDS \_\_\_\_\_

27. Check if you offer the following services to clients at your Food Program?

- Client Choice (Supermarket, Table, Walk-through, Window or Inventory List)  
 Packing bags

28. If you selected Client Choice, what are some of the benefits or problems you have encountered while employing this system? Do you see client choice as being the new wave of the future?  
\_\_\_\_\_  
\_\_\_\_\_

**DEMOGRAPHICS**

29. What percentage of your clients is? (Please estimate)

\_\_\_\_\_ Children                      \_\_\_\_\_ Adults                      \_\_\_\_\_ Seniors                      \_\_\_\_\_ Employed                      \_\_\_\_\_ Unemployed

30. Does your organization have a formal registration process for new clients to your Food Program?

- Yes                       No

31. Do you ask new clients to provide the following information? (Please, check all that apply)

<input type="checkbox"/>	Social Security Numbers	<input type="checkbox"/>	Verify family size
<input type="checkbox"/>	Address, Telephone Numbers, e-mail address	<input type="checkbox"/>	Income level
<input type="checkbox"/>	Employment/Unemployment Status	<input type="checkbox"/>	

32. What are some of the main reasons clients give for obtaining emergency food? (Please, check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Public Assistance /Food Stamps ran out | <input type="checkbox"/> Case closed by DSS                 |
| <input type="checkbox"/> No income                              | <input type="checkbox"/> Benefits not received this month   |
| <input type="checkbox"/> Income used to pay rent                | <input type="checkbox"/> Benefits lost or stolen            |
| <input type="checkbox"/> Income used to pay utilities           | <input type="checkbox"/> Moved, re-establishing eligibility |
| <input type="checkbox"/> Unemployment Benefits ended            | <input type="checkbox"/> Laid off or lost job               |
| <input type="checkbox"/> Waiting for unemployment benefits      | <input type="checkbox"/> DSS application pending            |
| <input type="checkbox"/> Personal emergency                     | <input type="checkbox"/> No housing                         |
| <input type="checkbox"/> Disabled                               | <input type="checkbox"/> Other _____                        |

33. How many of your guests receive these forms of income? (Please enter an estimated percentage 0 – 10, 11 – 25, 26 – 50, 51 – 75, 76 - 100)

- |                         |                          |                         |
|-------------------------|--------------------------|-------------------------|
| a. _____ Food Stamps    | b. _____ AFDC            | c. _____ Home Relief    |
| d. _____ WIC            | e. _____ Unemployment    | f. _____ SSI            |
| g. _____ Disability     | h. _____ Social Security | i. _____ Part-time work |
| j. _____ Full-time work | k. _____ Pension         | l. _____ Child Support  |

34. What is your preferred form of communication from Hunger Action Network of New York State? (Please, check all that apply)

- |                                |   |                                     |   |
|--------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> Email | <input type="checkbox"/> Regional Conferences | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Hand Copy/Mail   |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Trainings            | <input type="checkbox"/> Fax        | <input type="checkbox"/> All of the Above |

35. About how much is your emergency food program’s overall budget? (Please provide a dollar amount)  
\$ \_\_\_\_\_

36. Do you receive food from a (select all that apply):

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Food Bank   | <input type="checkbox"/> Food Recovery Program | <input type="checkbox"/> EFSP/United Way |
| <input type="checkbox"/> EFAP        | <input type="checkbox"/> HPNAP                 |  |
| <input type="checkbox"/> Other _____ |  |  |

**OTHER COMMENTS:**

Please provide any additional comments related to how you need more help in doing your job or help groups like Hunger Action Network can assist. Feel free to attach another sheet of paper, if necessary.

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