

FOODSHARE

2019 Partner Renewal Assessment for Meal and Snack Programs

Basic Organization

* 1. Program Name:

* 2. Foodshare Account Number

* 3. Your Name:

* 4. Your role at the organization (Executive Director, Program Director, Staff, Volunteer, etc.):

* 5. What year did your program open or start?

* 6. In addition to your Meal or Snack Program what other programs do you offer? Check all that apply.

- Pantry
- Senior Box Program (CSFP)
- Foodshare Mobile
- Holiday Meal or Basket Program
- Backpack or Weekend Groceries Program for Kids
- Residential or Group Home
- None
- Other (please specify)

* 7. Do any of your other programs maintain a separate Foodshare account?

- Yes. We have other accounts with Foodshare, but we understand that this Application is only for our Meal or SnackProgram.
- No. We have other programs, but they do not have separate accounts. We understand this application is only our Meal or Snack Program.
- We ONLY operate a Meal or Snack Program.

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Staffing & Volunteers

* 8. How many years has the person overseeing the Meal or Snack Program been doing this?

* 9. Do you have paid staff?

Yes

No

10. Please list number of paid full time and part time staff.

Full-Time

Part-Time

* 11. How many volunteers do at least some work over the course of a routine month (not during holiday months)? Enter a number for all fields that apply:

Full time, temporary,
limited-term formal
volunteers (such as
AmeriCorps members)

Part time volunteers who
help out on a regular
schedule

Part time volunteers who
help out only once

* 12. On average, how many volunteer HOURS does it take each month to do your work? List total hours for the following categories:

Food Pick Up

Food Sorting

Meal Preparation

Administrative

Other

* 13. Which of the following do you have prepared for your Volunteers? Check all that apply.

- Written Training Materials
- Orientation for New Volunteers
- Written Volunteer Policies/Requirements
- Volunteer Agreement to Sign
- Ongoing Training (about once per year)

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Funds and Budgeting

* 14. What is the ANNUAL operating budget for your ALL of your food programs?

* 15. What are the funding sources for your Program? Fill in the average percentages received from each source below to total 100%:

Foodshare grants

Congregation

Corporations or
businesses

Foundations

Individuals

Other, describe:

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Food Sourcing

* 16. What is your ANNUAL food budget?

* 17. How many meals and/or snacks do you prepare and serve in an average month?

* 18. Do you regularly send groceries home with your guests? (This could include bakery, produce, frozen meat, etc. for them to prepare elsewhere.)

Yes

No

* 19. Please list as a percentage where your food comes from. Include a zero for options you don't use.

Foodshare (including assigned Retail Rescue pick ups)

Donations including Food Drives

Gleaned from farms

Purchased at Retail

Other

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Access to your Meal or Snack Program

* 20. Please check off the days you serve each of these types of meals

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dinner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Snack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 21. Which hours each day is your program's office open but not preparing and serving food?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

* 22. Does your program have reliable Internet access?

Yes

No

* 23. How do you advertise your programs? Check all that apply:

- Word of Mouth
- Ads in Newspaper
- Radio
- Faith Organization Bulletin Boards & Newsletters
- Referrals from other Programs
- Website and social media
- Signs at the building
- Direct via mail
- Email
- Calls
- Fliers and Brochures
- 2-1-1 Database

* 24. Do you have a website for your program? If yes, please list it:

- No
- If yes, please include your web address:

* 25. Are there any months your Program does not serve at least one meal or snack?

- No
- If Yes, please explain:

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People Served

- * 26. What is the average number of unduplicated people served monthly by your Meal or Snack Program?
(Unduplicated: count an individual only once, even if they visit your pantry multiple times in a month.)

Total Number:

- * 27. What is the average number of unduplicated people served monthly by category:

Children Ages 0-18

Adults ages 19-65

Seniors ages 66 and over

- * 28. How do you track and calculate the number of unduplicated people you serve?

- * 29. What methods do you use to collect and store client data:

- None, we do not collect client data.
- Paper records
- Computer software such as an Excel file.
- Specific pantry software

* 30. For new client in-take, which of the following do you collect? Check all that apply.

- Nothing
- TEFAP and/or CT-NAP eligibility forms
- Zip Code
- Proof of residence in service area, such as mail with address
- Number of people in the household by age
- Documentation of household member such as birth certificates
- Proof of income, such as pay stubs or receipt of welfare service
- Referral from social service agency
- Other (please specify)

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Physical Space

* 31. What is the approximate square footage of your kitchen area?

* 32. What is the approximate square footage of your dining area?

* 33. Do you feel you have enough kitchen and dining space to adequately serve all current participants?

Yes

No

* 34. How many refrigerators does your food program have? (Enter "0" if you have none.)

Residential #

Commercial #

Walk-In #

* 35. Do you have enough refrigerator space to adequately serve all current food program participants?

Yes

No

* 36. How many freezers does your food program have? (Enter "0" if you have none.)

Residential #

Commercial #

Walk-In #

* 37. Do you feel you have enough freezer space to adequately serve all current food program participants?

Yes

No



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Hunger Action Teams

* 38. Is there a staff member or volunteer that is an active member of a Hunger Action Team (HAT)?

Yes

No

If Yes, please tell us which one(s):

39. How much do you feel your agency is currently part of a coordinated, anti-hunger network in the Greater Hartford Area?

Strongly Agree

Agree

Disagree

Strongly Disagree

I don't understand the question.

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Partner Program Capacity Assessment

Now we would like your feedback about how your Meal or Snack Program operates. We will use this information to provide additional resources and materials to help meal programs serve their clients. Please be as honest and accurate as possible when you answer the questions. We want to get a clear picture of your current views and situation. We appreciate your feedback!

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Choice

We want to know about the amount of Choice that is available at your Meal or Snack Program. We define choice as: Empowering clients to choose the food items they prefer in a space where a variety of healthy options are available and promoted. We define healthy foods as fruits and vegetables, whole grains, and foods low in saturated fat, sodium, and sugar.

* 40. Which of the following statements best describes your programs view on:

	Not a priority for us at this time	A priority, but we haven't done anything about it yet	A priority for us that is already in place.
Allowing clients to choose the foods they desire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offering a variety of healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 41. We want to understand what might make it hard for your meal program to allow clients to choose foods, or to offer healthy foods. Please indicate if you agree or disagree with each of the following statements about your ability to offer choice and healthy foods.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Space limitations do not allow clients to choose their own food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough time to allow clients to choose their own food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients may take too much food and not leave enough for others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of availability of healthy foods from Foodshare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of availability of healthy foods from other donors/food sources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of equipment to store healthier foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of staff or volunteers to promote healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of nutrition training to promote healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited knowledge among clients on how to handle/prepare healthier foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of demand from clients to take healthier food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 42. How are meals or snacks served at your Program? Select the response that best describes your meal program.

- The meals (or snacks) served are the same for everyone. We plate the food for them, every plate is the same.
- We have a couple of options at each meal/snack where people can make a choice.
- We offer a wide variety of choices for protein, vegetable, beverages etc. at each meal/snack

Other (please specify)

* 43. How often do you have each of the following types of food available for clients?

	Almost Always	Sometimes/About Half the Time	Rarely/Less than half the time
Fresh Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Sugar Canned Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No-Salt Added/Low Sodium Canned Vegetables and Beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lean Meats/Lean Poultry/Fresh Eggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nonfat/Low-fat Dairy (ex. skim milk, low-fat yogurt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whole Grains (brown rice, whole grain, cereal, whole wheat bread)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 44. Which statement best describes your program's approach to buying/ordering food:

- The most important factor is getting the most food we can for our money
- We try to get healthy foods but only if they are cost effective
- Our emphasis is on providing healthy foods and we do our best to bring in healthy food

* 45. Which statement best describes the information about health or nutrition that is available at your Meal or Snack Program?

- There is no information (either written or verbal) about healthy food or nutritional quality provided to clients at our program
- There is some nutrition education provided to clients, such as recipe cards or posters.
- There is nutrition education such as recipe cards or posters, and staff or volunteers (such as SNAP-Ed) provide nutrition education directly to clients 2-3 times per year. For example, taste tests are provided.

46. Please add any comments here about how your guests choose their food and the healthy options you are able to offer.

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Connection

Next, we're interested in how your Meal or Snack Program makes Connections for your clients. We define connection as: Supporting clients in setting and meeting goals by connecting them to needed community resources that foster individualized growth.

Examples of community resources include SNAP, employment benefits, housing assistance, mental health counseling/support, health insurance, health screenings, voter registration, ESL, GED, and budgeting classes.

If you serve ONLY children, please consider the parent or guardian as the "client" in the following questions.

* 47. Which of the following statements best describes your programs view on:

	Not a priority for us at this time	A priority, but we haven't done anything about it yet	a priority for us that is already in place
Understanding the struggles in your clients' lives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connecting clients to community resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping clients register to vote	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping clients communicate with their public officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 48. Which of the following statements best describes your program's current view on helping clients build skills by offering classes or workshops on site?

- Not a priority at this time
- A priority for us, but we haven't done anything about it yet
- A priority for us, and we currently help clients set and work toward goals

* 49. We want to understand what might make it hard for your program to connect clients to community resources and helping clients set goals. Please indicate if you agree or disagree with each of the following statements about your program's ability to connect clients to community resources and set goals.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Lack of enough paid staff or volunteers to connect clients to services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connecting clients to community resources is not part of our mission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of resources to help clients set and meet goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Space limitations do not allow for meeting with clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of time to meet with clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is unclear what resources clients want or need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of demand from clients to take referrals or resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of training by staff or volunteers for how to connect clients to resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteers or staff are not comfortable asking personal questions of clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 50. Which statement best describes the information about community resources that are available at your program? Examples of community resources include SNAP, employment benefits, housing assistance, mental health counseling/support, health insurance, health screenings, voter registration, ESL, GED, and budgeting classes.

- There is no information about community resources available to clients at our program
- There are a few printed resources available to clients at our program.
- Some printed resources are available and are written in the languages used by clients
- A variety of printed resources are on display and are written in the languages used by clients, and staff is available for guidance.
- In addition to translated printed resources, computers are available for clients to search for needed community resources and complete program applications.

* 51. How often is at least one volunteer who is knowledgeable about community resources available to talk with clients about resources available in the community?

- Never
- About half of the time
- Most of the time
- Always

* 52. Which statement best describes how your program checks in with clients about referrals to community resources?

- Volunteers do not provide referrals to clients.
- Volunteers provide written or verbal referrals to clients about community resources, but don't follow up with clients after making a referral.
- Volunteers check-in with clients one to three times after making a referral to determine follow through and provide support.
- We follow a standard process for offering case management, and trained staff or volunteers meet with clients four to six times over a three-month period.
- We follow a standard process for offering case management, and trained staff or volunteers meet with clients at least seven times over a six-month period.

* 53. What types of opportunities for clients to build skills and knowledge such as classes, workshops, and seminars are offered on site? (examples include: computer training, budget coaching, job training, GED classes, health screenings)

- Our program does not currently offer classes or workshops.
- We have explored opportunities for bringing classes on site, but that has not happened yet.
- Each year, our program offers 1-2 on-site classes that reflect clients' needs.
- Each year, our program offers 3 or more on-site classes that reflect clients' needs.

54. Please add any comments here about connecting clients to community resources and helping clients set goals at your program.

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Partner Program Capacity Assessment: Culture

We're almost done! We are interested in learning about the Culture of your Meal or Snack Program. We define Culture as: Creating an environment that respects the dignity of each client and that is welcoming.

* 55. Which of the following statements best describes your programs view on:

	Not a priority for us at this time	A priority, but we haven't done anything about it yet	a priority for us that is already in place
Having a welcoming and comfortable environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making wait time as respectful and short as possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interacting with clients and getting to know them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 56. We want to understand what might make it hard for your Meal or Snack Program to create an environment that is welcoming and safe. Please indicate if you agree or disagree with the following statements about your program's ability to create a welcoming environment.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Our main focus is keeping order and moving people efficiently through the line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff and volunteers do not have the time to focus on the dining environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of financial resources to make changes to the physical environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited knowledge from staff and volunteers about what to do to improve the dining environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough staff or volunteers to greet all of the people we serve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Space limitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 57. Which statement best describes the role of staff and volunteers at your Meal or Snack Program?

- Volunteers' main focus is on keeping order and they sometimes have to be firm with other volunteers and clients.
- Volunteers' main focus is keeping order, but they try their best to have positive interactions with clients
- Volunteers focus on both keeping the meal program organized and having positive interactions with clients. They greet some by name and the mood is typically friendly.
- Volunteers focus on both keeping the meal program organized and having positive interactions with clients. Volunteers greet clients by name and are intentional about building relationships to get to know more about clients' life situations.

* 58. For each statement, indicate which response best describes your Meal or Snack Program?

	Agree	Somewhat Agree	Disagree
Staff and volunteers receive training on cultural sensitivity and diversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food is offered specific to the culture and ethnic backgrounds of the people served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some staff and volunteers speak the same language as the people being served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some staff and volunteers are from the same ethnic background as the people being served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Safe and Welcoming Environment

We know that many programs struggle to have enough resources, and space and layout are not always ideal. Given these constraints, please describe your current Meal or Snack environment.

* 59. For each statement, indicate which response best describes your Meal or Snack Program.

	Agree	Somewhat Agree	Disagree
The building is safe and secure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lighting is bright and sufficient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff or volunteers regularly clean the kitchen and dining space (i.e. take out trash, clean the floors, wipe down refrigerators)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program is handicap accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restrooms are available for clients to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walls are decorated with colorful, culturally diverse, positive artwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfortable, soft seating is available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 60. Which of the following best describes how people wait before receiving food at your Meal or Snack Program?

- People typically wait in line outside for 30 minutes or longer
- People typically wait in line inside for 30 minutes or longer
- There is generally a wait of less than 30 minutes
- We serve snacks to children, there is no wait time.

* 61. Which best describes how your Meal or Snack Program collects feedback from clients and how that feedback is used?

- We do not collect feedback from clients at this time.
- We sometimes have conversations with clients and ask about their experiences.
- We regularly collect surveys or provide opportunities for feedback from clients to better understand their experiences.
- We regularly collect surveys or provide opportunities for feedback from clients. Their feedback is used to make programming decisions.

* 62. For each statement, indicate which response best describes your Meal or Snack Program.

	Agree	Somewhat Agree	Disagree
In the last 6 month, we had to close or change our hours for reasons other than weather.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last 6 months, we ran out of food, and had to turn people away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who receive food first often have a greater selection of foods to choose from	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy for new clients to find our location.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New clients are provided with information about the program's rules, expectations and a schedule.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New clients are given a short tour of the waiting area, dining area, and restrooms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. Please add any comments here about creating an environment that is welcoming and safe at your program.

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Thank you very much! Your responses will be used to help determine what additional information may be helpful for your Community Meal program and others.

64. Please add any additional comments or questions that you would like Foodshare to know about your Meal or Snack program: