FOODSHARE

Basic Organization

* 1. Residential 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 Residential Program open?

[   ]

* 6. Foodshare partners with many kinds of Residential Programs that vary in size and scope. Please tell us about your program and the population you serve:

[   ]

* 7. On average, for how long does an individual reside in your program?

( ) Less than three days

( ) a week

( ) a month

( ) 1-3 months

( ) 3-12 months

( ) over a year or indefinetly

* 8. In addition to your Residential 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

☐ None

☐ Other (please specify)

[   ]

* 9. 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 the Residential Program.

○ No. We have other programs, but they do not have separate accounts. We understand this application is only for the Residential Program.

○ We ONLY operate a Residential Program.

FCODSHARE

Staffing & Volunteers

* 10. How many years has the person overseeing the Residentail Program been doing this?

[   ]

* 11. Do you have paid staff?

○ Yes

○ No

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

Full-Time [   ]

Part-Time [   ]

* 13. 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 [   ]

* 14. On average, how many volunteer HOURS does it take each month to do your work?

[   ]

* 15. 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)

☐ Other (please specify)

FOODSHARE

2019 Partner Renewal Assessment for Residential Programs

Funds and Budgeting

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

[   ]

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

Foodshare grants	[ ]
Government: Local, State or Federal funding	[ ]
Congregation	[ ]
Corporations or businesses	[ ]
Foundations	[ ]
Individuals	[ ]
Other, describe:	[ ]

FOODSHARE

Food Sourcing

* 18. What is your ANNUAL food budget?

[   ]

* 19. Please list what portion of the meals are prepared by professional kitchen staff or individuals for themselves:

Percent of Meals prepared
by Professional Kitchen
Staff:
[   ]

Percent of Meals prepared
by Individuals for
themselves:
[   ]

* 20. 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
[   ]

FOODSHARE

Access to your Residential Program

* 21. Please tell us which meals you offer on which days

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast	☐	☐	☐	☐	☐	☐	☐
Lunch	☐	☐	☐	☐	☐	☐	☐
Dinner	☐	☐	☐	☐	☐	☐	☐
Snack	☐	☐	☐	☐	☐	☐	☐

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

◯ Yes

◯ If yes, please include your web address:

FOODSHARE

People Served

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

* 24. 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

FOODSHARE

Physical Space

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

[   ]

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

[   ]

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

◯ Yes

◯ No

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

Residential #   [   ]

Commercial #   [   ]

Walk-In #   [   ]

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

◯ Yes

◯ No

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

Residential #   [   ]

Commercial #   [   ]

Walk-In #   [   ]

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

○ Yes

○ No

FOODSHARE

Hunger Action Teams

* 32. Does a staff member of volunteer participate as a member of a Hunger Action Team (HAT)?

◯ Yes

◯ No

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

33. 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.
◯	◯	◯	◯	◯

FOODSHARE

Partner Program Capacity Assessment

Now we would like your feedback about how your Residential 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 realize that because our Residential Partner Programs vary so much in mission and work, all questions may not be applicable to all situations.

FOODSHARE

Choice

We want to know about the amount of Choice that is available at your Residential 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.

* 34. Which of the following best describes your program's current views on:

	Not a priority for us at this time	A priority for us, but we haven't done anything about it yet	A priority for us that is already in place.
Allowing Residents to choose the foods they desire	○	○	○
Offering a variety of healthy options	○	○	○

* 35. 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	○	○	○	○
Not enough time to allow clients to choose their own food	○	○	○	○
Clients may take too much food and not leave enough for others	○	○	○	○
Lack of availability of healthy foods from Foodshare	○	○	○	○
Lack of availability of healthy foods from other donors/food sources	○	○	○	○
Lack of equipment to store healthier foods	○	○	○	○
Lack of staff or volunteers to promote healthy foods	○	○	○	○
Lack of nutrition training to promote healthy foods	○	○	○	○
Limited knowledge among clients on how to handle/prepare healthier foods	○	○	○	○
Lack of demand from clients to take healthier food	○	○	○	○

Other (please specify)

* 36. How are meals served at your program? Select the response that best describes your meal program.

○ The meals 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 where people can make a choice.

○ We offer a wide variety of choices for protein, vegetable, beverages etc. at each meal.

○ Residents prepare their own meals

Other (please specify)

[   ]

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

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

* 38. 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

* 39. Which statement best describes the information about health or nutrition that is available at your Residential 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.

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

Connection

Next, we're interested in how your Residentail 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.

* 41. Which of the following best describes your program's current views 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	○	○	○
Helping residents connect to community resources	○	○	○
Helping residents build skills by offering classes or resources	○	○	○
Helping clients register to vote	○	○	○
Helping clients communicate with their public officials	○	○	○

* 42. We want to understand what might make it hard for your program to connect residents 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	○	○	○	○
Connecting clients to community resources is not part of our mission	○	○	○	○
Lack of resources to help clients set and meet goals	○	○	○	○
Space limitations do not allow for meeting with clients	○	○	○	○
Lack of time to meet with clients	○	○	○	○
It is unclear what resources clients want or need	○	○	○	○
Lack of demand from clients to take referrals or resources	○	○	○	○
Lack of training by staff or volunteers for how to connect clients to resources	○	○	○	○
Volunteers or staff are not comfortable asking personal questions of clients	○	○	○	○

Other (please specify)

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* 43. If Foodshare offered resources to connect people with community services, would you be willing to try using them?

○ Yes

○ No

○ Maybe/Not sure

* 44. 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 residents at our program

○ There are a few printed resources available to residents at our program.

○ Some printed resources are available and are written in the languages used by residents

○ 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.

○ Not applicable to our type of Residential Program

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

○ Never

○ About half of the time

○ Most of the time

○ Always

○ Not applicable to our type of Residential Program

* 46. Which statement best describes how your program checks in with residents 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.

○ Not applicable to our type of Residential Program

* 47. What types of opportunities for residents 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.

○ Not applicable to our type of Residential Program

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

FOODSHARE

Partner Program Capacity Assessment: Culture

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

 * 49. Which of the following statements best describes your program's current 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 currently in place
Having a welcoming and comfortable eating environment	◯	◯	◯
Interacting with clients and getting to know them	◯	◯	◯

* 50. We want to understand what might make it hard for your Residential Progam 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 in the dining room.

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

Other (please specify)

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* 51. Which statement best describes the role of staff and volunteers at your Residential 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.

○ Not applicable to our type of Residential Program

* 52. For each statement, indicate which response best describes your ResidentialProgram?

	Agree	Somewhat Agree	Disagree
Staff and volunteers receive training on cultural sensitivity and diversity	○	○	○
Food is offered specific to the culture and ethnic backgrounds of the people served	○	○	○
Some staff and volunteers speak the same language as the people being served	○	○	○
Some staff and volunteers are from the same ethnic background as the people being served	○	○	○
Not applicable to our type of Residential Program	○	○	○

FOODSHARE

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 Residential environment.

* 53. For each statement, indicate which response best describes your Residential Program.

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

* 54. Which of the following best describes how people wait before receiving food at your Residential 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

○ Not applicable to our type of Residential Program

* 55. For each statement, indicate which response best describes your ResidentialProgram.

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

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

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

57. Please add any additional comments or questions that you would like Foodshare to know about your Residential program: