

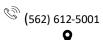
FOOD PANTRY SURVEY

| | | vear in your home: (Please check only one option.) |
|--------|-----------|---|
| | | enough of the kinds of foods we like to eat |
| | | enough food but not always the kinds of food we like to eat |
| | | lid not have enough to eat |
| ⊔ We o | ften do r | not have enough to eat |
| Yes | No | Not enough money for food Not enough time for shopping or cooking Someone in my household needs special foods due to a health condition No working stove No working refrigerator Do not know how to make the foods provided by the pantry Other: We cannot get to the store (please answer question 4) s the reasons you are not able to get to the store: |
| | | |

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www.helpmehelpu.org





| 5. | in the past year? Yes No Can? | Prone in your home used any of the form Please check all that apply. It Remember WIC (Women, Infant & Children) Friends or Relatives Home Delivered Meals Free or Reduced School Breakfast Free or Reduced School Lunch Shelters Summer Meal Program | | | | | | | |
|---|--|---|---|--|--|--|--|--|--|
| | | Community/Church Meal Site Food Pantry | | | | | | | |
| | | Other | | | | | | | |
| 6. | During the past y □ Yes | vear have you or anyone in your home ☐ No | shopped at the Farmer's Market? | | | | | | |
| 7. | 7. When was the first time you got food from a food pantry? (check one) □ Today is the first time □ More than 6 months ago □ More than a year ago | | | | | | | | |
| Since COVID | | | | | | | | | |
| 9. | | here you get most of your food? □ | | | | | | | |
| 10. List foods would you like to see more of at your food pantry. (e.g., canned foods, fresh foods, meats, healthier choices, ethnic foods, etc.) | | | | | | | | | |
| 11. | What other reso | ources would you like Help Me Help ☐ A community meal ☐ ☐ Job information | You to offer at this pantry? □ Nutrition Education □ Other | | | | | | |
| | | | Page 2 of 3 | | | | | | |
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| 62 | (562) 612 5001 | (info@bolomobolou.org | (a) University holomoboling org | | | | | | |



| . 41 6 11 | • • • • • | 1 1141 4 1 10 | | | | | | |
|---|--|--|--|--|--|--|--|--|
| | | cneck all that apply)? ☐ Health insurance | | | | | | |
| | | | | | | | | |
| | | in Housing assistance | | | | | | |
| □ Transportatio | n programs | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 4. | | | | | | | |
| | 5. | | | | | | | |
| | 6. | | | | | | | |
| a. Including yourself, how many adults are in your home? b. How many adults in your home are 60 years older or older? c. How many children in your home are under 5 years old? d. How many children in your home are 5-17 years old? 15. What are your current source(s) of income? Check all that apply to you and anyone else that brings in an income to your home. □ Employment Wages □ Pension □ Unemployment | | | | | | | | |
| mpensation | ☐ Social Secu | rity Child Support | | | | | | |
| | ☐ SSI/SSID (Su | applemental Security Income) | | | | | | |
| dit | ☐ Other – Specify: | | | | | | | |
| t this food pantr | y? | | | | | | | |
| your time and j | for providing | | | | | | | |
| | Dental Help paying for Transportation I help you have exwould help your household? we many adults are our home are 60 your home are 11 your home are 5-ce(s) of income? Income to your home mpensation dit It this food pantry Experience at this Syour time and for the paying for the payi | ☐ Help paying for childcare ☐ Transportation programs I help you have enough food to would help you to access food? 4. 5. 6. your household? w many adults are in your home? our home are 60 years older or old your home are under 5 years old? your home are 5-17 years old? ce(s) of income? Check all that acome to your home. ☐ Pension ☐ Pension ☐ Social Securing SSI/SSID (Su | | | | | | |

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