



HAMILTON COUNTY HARVEST
FOOD BANK

PANTRY/PROGRAM INFORMATION SURVEY

HAMILTON COUNTY HARVEST FOOD BANK

PANTRY/PROGRAM FILE UPDATE



Informational Survey: Pantry and/or Meal Program Year _____

Pantry/Meal Program Name: _____

Physical Address: _____

Mailing Address: _____

Website: _____

Primary Contact /Coordinator Name Title _____

Phone: _____ Email: _____

Secondary Contact Name Title _____

Phone: _____ Email: _____

General Information

Do you have Liability Insurance coverage Yes No? 501c3 _____ Program Sponsor _____

Programs for which HCHFB food will be used:

Prepared Meals Pantry Children's Meal Program Senior Services Disaster Response

Residential Home Shelter/Transitional Housing Other (please specify)

Programs that your organization has an interest in adding or expanding. _____

4. Do you anticipate changes within your pantry/program in next 12 months? _____ Yes _____ No

If answered yes, please describe _____

Food Distribution

Primary Method of Food Distribution: Choice Pantry Points Pantry
 Food pre-bagged/boxed Prepared Meals Other _____

Hours of Service:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Frequency: Weekly 2x Month 1x per month Other _____

What are the busiest months of the year for your pantry? Jan Feb Mar Apr May Jun
 July Aug Sept Oct Nov Dec Each month about the same.

Meal Program Partners: Please complete the table below by checking the appropriate columns for your program services.

	Yes	Occasionally	Never
Weekend back sacks			
Breakfast items			
Lunch items			
Snacks			
Prepared Meals			
Summer Meals			
Holiday breaks			

Pantries

Services Offered	Yes	Rarely	Never	Interest in adding OR increasing
Nonperishable Food				_____ Yes _____ No
Fresh Produce				_____ Yes _____ No
Fresh meat, eggs, milk				_____ Yes _____ No
Personal care items				_____ Yes _____ No
Clothing				_____ Yes _____ No
Cleaning Products				_____ Yes _____ No
Household items				_____ Yes _____ No

Food Storage

	Yes	# units	No
Refrigerators			
Walk in coolers			
Freezer (chest, upright, refrigerator/freezer comb)			
Walk in Freezer			
Cooling blankets transport			
Coolers with ice packs			

Do you maintain refrigerator/ freezer temperature logs? (Circle): Yes No

Do you use refrigerated vehicle or cooling blankets when transporting perishables? __ Yes __ No

Comments: _____

Pantry and Program Demographic/ Service Information

(All of Hamilton County, Specific Townships, etc.): _____

Average estimated # served monthly: _____ # of families _____ # of individuals _____ % of senior citizens

(60+) _____ % of children (0-18 years) _____ % single-parent families _____ % of homeless

Allowed Visit Frequency (Circle): Monthly Weekly Other

Client Access: __ Referral __ Appointment __ Walk-in

Proof/ID residency required i.e. Utility Bill; ID (Circle): Yes, No Income qualifications or Referral Required:

If so, explain: _____

Does your program assist a specific population (i.e. homeless, women's shelter, seniors, veterans, etc.)?

___ Yes ___ No If yes, please describe? _____

Provide an estimate (%) of client demographics that are assisted through your pantry/program
(total should equal 100%)

American Indian _____% Caucasian _____% Asian _____% Middle Eastern _____%

Mexican/Hispanic/Latino _____% African American _____% Refugee/Immigrants _____%

Summer Meal Program or Weekend Meal Packs

Please describe registration or program qualifier for children and family enrollment

Estimated children/adults served _____

Food Resources

What resources do you utilize to stock food and products? From this list, estimate the percentage of food each source supplies to your pantry or program.

___% Direct food donations (food drives, individual, churches, agencies, restaurants, Grocery stores, Food Warehouses – BJ's, Costco, Sam's, Gordons,)

___% Purchase food (Meijer, Kroger, Gordon's , Sam's Club, BJ's etc.)

___% Hamilton County Harvest Food Bank

___% Midwest Food Bank

___% Gleaners Food Bank

___% Good Samaritan Network

___% Community Food Gardens/Local Farms

Pantry/Program Food Distribution Information

For the past year(12 months) how much food have you distributed through your pantry/program
Pounds _____ or Meals _____

Do you keep records of distribution ? yes ___ No ___ Track by: _____ lbs. of food _____ # of clients
_____ # of meals

Hamilton County Harvest Food Bank – Utilization/Access

Do you access food from Hamilton County Harvest Food Bank? : Yes No

If yes, what is the estimated percentage of total food resources from HCHFB? Non-perishable: _____%,
Meat: _____%, Produce: _____%

Have you updated your Information with HCHFB listing in the past 12 months: Yes No?

Do you wish to have your information listed on the Community Compass phone App? Yes No

Do the current the food bank distribution days/hours meet your needs?

Non-perishable distribution on Tues 10-11:30 am and Thurs 9:30 – 11:30 am

Fresh Produce May-Oct Monday 10:00-11:00

Yes No Comments: _____

Do you have an interest in receiving produce from community gardens, local families, etc. Yes No

What topics would you like to see discussed at general meetings? (HCHFB Annual Meeting (March), Spring Roundtable (April), Summer Lunch, Summer Produce, Meeting the Need Kick-Off and Wrap-Up (May ,Sept), Special Topics Meetings.

Contact Name for survey information/clarification as needed

Name Printed (individual completing the survey)

Phone: _____ Email: _____

Best days/times to contact _____

HCHFB

Review: _____

HCHFB Signature/Date

Printed Name/Title