



Survey Form

Community Harvest Food Bank
is a proud member of:

Month of _____, 20__



Agency Name: _____ Agency ID: _____ County: _____

AGENCY TYPE

(Please check all that apply)

- Day Care Pantry Program Residential/Transitional Soup Kitchen
- Youth Program Shelter Community Cupboard Voucher Program Other

Gross total of individuals served: _____ Number of Males: _____ Number of Females: _____

ETHNICITY

- African American: _____
- Caucasian: _____
- Hispanic: _____
- Asian: _____
- Other: _____

Do Not Track Ethnicity

AGE GROUP

(Please Provide Numbers Below)

- Children (0 to 18 years) _____
- Adults (19 to 59 years) _____
- Seniors (60 years plus) _____

INCOME

How many clients reported?

- Extremely Low: _____
- Low: _____
- Moderate: _____
- Other: _____

Do Not Track Income

Last month did your agency serve:

(Please choose one)

- More clients: _____ About the same number of clients: _____
- Fewer clients: _____ No clients: _____

Were there any clients you were unable to serve: YES NO If yes how many? _____

(Please Circle all that Apply)

1. Lack of Volunteers
2. Lack of Funding
3. Lack of Product
4. Client exceeded number of visits
5. Client lived outside of service area
6. Other (Please Specify) _____

Form Completed By: _____

Date: _____

