Program Information

Program Name ___________________________________

Type of Program (Main focus of what you do)

__ Adult Daycare
__ After School Program
__ AIDS Support
__ Child Daycare
__ Children's Home
__ Community Health Center
__ Emergency Shelter
__ Family Support Services
__ Foster Care
__ Group Home
__ Home Delivery Meals
__ Immigration Program
__ Youth Program
__ Maternity Program
__ On-site Meal Program
__ Other Community Services
__ Other Residential Housing
__ Outreach Program
__ Pantry
__ Referral Service
__ Rehab/Treatment Housing
__ Senior Center
__ Senior Housing
__ Substance Abuse Program
__ Transitional Housing
__ Other: describe _____________

Year established _______

Purpose of program ____
____
____

How does food fit into program goals? ________________________________
____
____

Program Contact

Name ____

Title ____

Phone __________________ Fax _____________________

E-mail Address ____

What is the best way to inform Program about special offerings?
List contact name, telephone number and email address:

____

Site Address

Street ________________ ____

City _______________________________ State _______ Zip _________

Program Information

What areas of the county do you serve? ________________________________

____

What are your days and hours of operation? ____________________________

____

Do you deliver food? ______ Yes _____ No

If this is a Food Distribution Program

How often can a client pick up food? ___________________________________

If this is an On Site Meal Program

Which meals do you serve? ____Breakfast ____Lunch____ Dinner ____Snack

____ List number of meals served daily

Health Certificate/License

Are you required to have a Health Certificate or License? ___ Yes ___ No

Certificate/License No ____________________________

Expiration Date _______________

How many do you serve each month?

Number of Individuals __________ Number of Households ___________
(A family of five would represent 5 individuals and 1 household)

Number of **unduplicated** clients served monthly? _____________________
(Count each individual only once, even if they receive food 4 times a month)

Number of food bags or boxes distributed each month? _________________

Number of meals served each month? _______________________________

Ethnicity	Percent	**Ages Served**	Percent
African American	_____	0-5	_____
Asian/Pacific Islander	_____	6-12	_____
Hispanic/Latino	_____	13-18	_____
Native American	_____	19-24	_____
White	_____	25-59	_____
Other/Don't Know	_____	over 60	_____

Gender	Percent	**Disability**	Percent
Male	_____	Psychiatric	_____
Female	_____	Physical	_____
		Developmental	_____

Client Qualifications

Low Income	____	Income range ______________________________
Proof of Residency	____	Describe area served _________________________
Age	____	Age served ________________________________
Disability	____	Describe _________________________________
Other	____	Describe qualification ______________________
None	____	

Sources of Food by %

REFB _______________
Retail _______________
Donations ____________
Wholesalers __________
Food Drives __________
Other _______________

Referral Information for Pantries and Meal Programs Only

How are clients referred to your program? ________________________________
____

Is this an open or closed site? ____

Can REFB refer clients to your program?

___ Yes ___ No

Do you require clients to call ahead of time?

___ Yes ___ No

If yes, what is the phone number? __________________

Do you require any documentation to receive food?

___ Yes ___ No

If yes, please describe the documents you require.

Authorized shoppers

____
____
____
____
____
____
____
____
____