

HungerCount 2010

SURVEY INSTRUCTIONS

As in past years, *HungerCount 2010* asks for information **only for the month of March 2010**.

The *HungerCount* survey asks two types of questions:

1. **Questions about your organization**, for example: services offered, number of staff and volunteer hours in March, amount of food distributed, etc.
2. **Questions about your clients**, for example: total individuals assisted in March, total households assisted, source of income, family type, and housing situation.

** Please note that this year's survey contains two new questions: #4 and #30 ask you about the services you provide, and about the food items (if any) you are most lacking.

Please complete the questionnaire by APRIL 30, 2010 and return to your *HungerCount 2010* Coordinator, either by fax, or by mail using the stamped envelope provided.

**** Please keep a copy for your records!**

If you have any questions, or did not receive any part of the ***HungerCount 2010*** package, please contact your ***HungerCount* Coordinator**.

- For more detailed instructions on completing the survey, please see the enclosed ***HungerCount 2010 Survey Guide***.

- For help collecting client information, please see the ***Client Survey Worksheet***, page 12 of the *Survey Guide*

HUNGERCOUNT COORDINATOR CONTACT INFORMATION

Name:

Address:

Phone:

Fax:

Email:

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Our *HungerCount* Partners

The *HungerCount* is made possible by the participation of food banks across the country, and by the leadership of Food Banks Canada Member provincial associations:

Food Banks British Columbia

Alberta Food Banks

Food Banks of Saskatchewan

Manitoba Association of Food Banks

Ontario Association of Food Banks

Food Banks Quebec

New Brunswick Association of Food Banks

FEED NOVA SCOTIA

P.E.I. Association of Food Banks

Community Food Sharing Association of Newfoundland and Labrador

Thank you!

Food Banks Canada *HungerCount* Data Use Policy

Food Banks Canada uses information from the *HungerCount* survey to provide current and prospective donors, government, academia, the media, the general public, and other audiences with information about food bank use in Canada.

Food Banks Canada reserves the right to use and disseminate national-, provincial-, regional-, and, when appropriate, community-level information provided in the *HungerCount* at its discretion. Food Banks Canada will not, however, release information respecting an individual food bank to media, or to the general public, without first consulting with that food bank.

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SURVEY

Please provide the following information about your organization:

Organization Name: _____

Survey Contact Person: _____

Mailing Address: _____

City/Town:	Province:	Postal Code:
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Phone 1: ()	Phone 2: ()
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Fax: ()	Email:
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Website: _____

When is your food bank and/or meal program open to the public?

In what year did you begin providing emergency food assistance?

Are you aware of any new hunger relief programs that have opened in your area?

Organization:

Contact Person:

Address:

Phone: ()

<i>For office use only</i>	Survey #:	FBID:
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A. BASIC SERVICE INFORMATION

1.	<p>Which of the following services are provided by you or your affiliated agencies? (PLEASE CHECK ALL THAT APPLY.)</p> <p><input type="checkbox"/> Grocery program</p> <p><input type="checkbox"/> Meal program</p> <p><input type="checkbox"/> Warehouse/distribution centre</p>		
2.	<p>(a) Are you a partner of another food bank/distribution centre in your region?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) If yes, which food bank/distribution centre: _____</p>		
3.	<p>(a) Do you provide food to other social service agencies in your region (e.g. food banks, soup kitchens, shelters, drop-in centres, Boys and Girls Clubs, breakfast programs, etc.)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) Are these agencies included in your answers to this survey?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No *** <i>If applicable, please attach a list of the agencies you supply.</i></p>		
4.	<p>Does your organization provide any of the following services or programs? (PLEASE CHECK ALL THAT APPLY.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Community kitchen <input type="checkbox"/> Community garden or garden plots <input type="checkbox"/> Nutrition education <input type="checkbox"/> Advocacy for clients <input type="checkbox"/> Training or education <input type="checkbox"/> Rental housing lists <input type="checkbox"/> Clothing/thrift store <input type="checkbox"/> Low-cost or free furniture <input type="checkbox"/> Good Food Box <input type="checkbox"/> Holiday hampers </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Budgeting information/home economics <input type="checkbox"/> Information about voting in elections <input type="checkbox"/> Distribution of non-food items (including free clothing) <input type="checkbox"/> Mobile hamper program/delivery of food <input type="checkbox"/> Community service information/referrals <input type="checkbox"/> Assistance with employment search <input type="checkbox"/> Emergency or preventative health care services (e.g. public nurse) <input type="checkbox"/> Other (please describe): _____ _____ _____ </td> </tr> </table>	<input type="checkbox"/> Community kitchen <input type="checkbox"/> Community garden or garden plots <input type="checkbox"/> Nutrition education <input type="checkbox"/> Advocacy for clients <input type="checkbox"/> Training or education <input type="checkbox"/> Rental housing lists <input type="checkbox"/> Clothing/thrift store <input type="checkbox"/> Low-cost or free furniture <input type="checkbox"/> Good Food Box <input type="checkbox"/> Holiday hampers	<input type="checkbox"/> Budgeting information/home economics <input type="checkbox"/> Information about voting in elections <input type="checkbox"/> Distribution of non-food items (including free clothing) <input type="checkbox"/> Mobile hamper program/delivery of food <input type="checkbox"/> Community service information/referrals <input type="checkbox"/> Assistance with employment search <input type="checkbox"/> Emergency or preventative health care services (e.g. public nurse) <input type="checkbox"/> Other (please describe): _____ _____ _____
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**** IF YOU AND/OR YOUR AFFILIATED AGENCIES OPERATE A GROCERY PROGRAM, PLEASE ANSWER QUESTIONS 5 to 31 (if you and/or your affiliated agencies operate only a meal program, please complete question 7, then skip to questions 20-31).**

5.	<p>IN THE MONTH OF MARCH 2010 ONLY, how many individuals received groceries from your food bank and/or affiliated agencies?</p> <p><i>PLEASE COUNT EACH PERSON ONLY ONCE, regardless of the number of times they were assisted in March. Include the people who came to your organization for food, and all of the people in their families at home.</i></p> <p>_____ Adults (18 years or older)</p> <p>_____ Children (under 18 years)</p> <p>_____ Total Individuals (adults + children)</p>
6.	<p>IN THE MONTH OF MARCH 2010 ONLY, how many individuals received groceries from your food bank and/or affiliated agencies <i>IF YOU COUNT REPEAT CLIENTS MORE THAN ONCE?</i></p> <p>For example:</p> <p>300 individuals assisted once = 300 total 200 individuals assisted twice = 400 total 100 individuals assisted three times = 300 total 20 individuals assisted once + 10 individuals assisted twice = 20 + 20 = 40</p> <p><i>Please include the people who came to your organization for food, and all of the people in their families at home.</i></p> <p>_____ Adults (18 years or older)</p> <p>_____ Children (under 18 years)</p> <p>_____ Total Individuals (adults + children)</p>
7.	<p>IF YOU OPERATED A PREPARED MEAL PROGRAM in March 2010, how many individual meals did you serve?</p> <p><i>Please count the number of meals in March 2010 only. (For help in keeping track of meals throughout the month, see Appendix B: MEALS WORKSHEET, page 11 of the Survey Guide .)</i></p> <p>_____ Meals</p>

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B. CLIENT INFORMATION

**** For questions 8 through 12, please provide figures FOR INDIVIDUAL ADULTS (age 18+) ONLY.**
 Note that numbers may overlap. For example, a single Métis female over age 65 would count as '1' for "women," '1' for "seniors," and '1' for "First Nations, Métis or Inuit."

8.	Of the total number of <i>adults</i> , how many were women ? _____
9.	Of the total number of <i>adults</i> , how many were seniors over age 65? _____
10.	Of the total number of <i>adults</i> , how many identify as First Nations, Métis, or Inuit ? _____
11.	Of the total number of <i>adults</i> , how many were post-secondary students ? _____
12.	Of the total number of <i>adults</i> , how many were new immigrants or refugees ? _____ <i>** A new immigrant or refugee is defined as an immigrant or refugee who has moved to Canada within the last 10 years.</i>

**** Questions 13 through 17 refer to HOUSEHOLDS.**

13.	<p>IN MARCH 2010, what was the total number of separate <u>households</u> that received groceries from your food bank and/or affiliated agencies?</p> <p>PLEASE COUNT EACH HOUSEHOLD ONLY ONCE, regardless of the number of times they were assisted in March.</p> <p><i>For the purposes of this survey, a HOUSEHOLD is defined as a family that shares the food provided by your food bank. For example, a family of four, a childless couple, or a single person would each be considered households.</i></p> <p>_____ Households</p>
14.	<p>What percentage of the <u>households</u> assisted by your food bank in March 2010 are:</p> <p>Single-parent families _____ %</p> <p>Two-parent families _____ %</p> <p>Couples with no children _____ %</p> <p>Single people _____ %</p> <p>TOTAL 100 %</p>
14.a	<p>Is the information provided in question 14 actual, or estimated? <input type="checkbox"/> Actual <input type="checkbox"/> Estimated</p>

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C. OPERATIONAL INFORMATION

18.	<p>In March 2010, how many days' worth of food did you provide on average for each person?</p> <p>_____ (# of days) <input type="checkbox"/> don't know</p>
19.	<p>How often are people allowed to access your food bank? (<i>CHOOSE ONE</i>)</p> <p> <input type="checkbox"/> Once per week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every 5 to 16 weeks <input type="checkbox"/> Once per month <input type="checkbox"/> Every two months <input type="checkbox"/> 1 to 3 times per year <input type="checkbox"/> Twice per month <input type="checkbox"/> Six times per year <input type="checkbox"/> Depends on need <input type="checkbox"/> Other: _____ </p>
20.	<p>How many <i>paid staff</i> worked at your food bank/meal program in March 2010?</p> <p>_____ paid staff <input type="checkbox"/> don't know</p>
21.	<p>How many <i>paid staff hours</i> were worked at your food bank/meal program in March 2010?</p> <p>_____ (# of hours) <input type="checkbox"/> don't know</p>
22.	<p>How many <i>volunteers</i> worked at your food bank/meal program in March 2010 (including Board of Directors)?</p> <p>_____ volunteers <input type="checkbox"/> don't know</p>
23.	<p>How many <i>volunteer hours</i> were worked at your food bank/meal program in March 2010 (including Board of Directors)?</p> <p>_____ (# of hours) <input type="checkbox"/> don't know</p>
24.	<p>Do you weigh the food you distribute? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
25.	<p>How do you keep track of how much food you distribute?</p> <p> <input type="checkbox"/> In lbs <input type="checkbox"/> Inventory list/list of items <input type="checkbox"/> In kg <input type="checkbox"/> Don't keep track <input type="checkbox"/> In dollars <input type="checkbox"/> Other (please describe): _____ <input type="checkbox"/> # of boxes/bags/hampers _____ </p>

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26.	<p>In the month of March 2010, how much food was distributed by your organization?</p> <p><i>Please answer using the measurement type reported in Question 25, above.</i></p> <p>_____ <input type="checkbox"/> don't know</p>
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**** Questions 27 through 30 refer to the PAST TWELVE MONTHS.**

27.	<p>IN THE PAST TWELVE MONTHS, did your food bank/meal program . . . ?</p> <p><i>(PLEASE CHECK ALL THAT APPLY.)</i></p> <p>Run out of food? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Give people less than usual (because you were running out)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Buy food (more than usual, or when you usually do not)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Close early or not open (due to lack of food)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Turn people away without food (because you ran out)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Make a special appeal to the public through the media? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Make a special appeal to a corporate partner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Contact another food bank for help? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Contact the provincial association of food banks for help? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Contact local churches for help? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Contact a local service organization for help? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Contact another organization/resource for help? Please describe: _____</p> <p>_____</p>
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D. POLICY POSITIONS

31.	<p>Throughout the year, Food Banks Canada uses information gleaned from <i>HungerCount</i> to influence government policy affecting hunger in Canada.</p> <p>Please rate, from 1 (most important) to 5 (least important) WHICH FIVE of the following government policy changes you think would make the most difference in alleviating hunger in your community.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Improve access to Employment Insurance</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Raise pension levels for seniors</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Increase access to affordable child care</td> <td style="padding: 5px;"><input type="checkbox"/> Increase social assistance benefit levels</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Lower business income tax rates</td> <td style="padding: 5px;"><input type="checkbox"/> Lower personal income tax rates</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Raise provincial minimum wage levels</td> <td style="padding: 5px;"><input type="checkbox"/> Lower or freeze tuition rates for post-secondary education</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Pay down government debt</td> <td style="padding: 5px;"><input type="checkbox"/> Expand job training options for adults</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Expand supports for new immigrants</td> <td style="padding: 5px;"><input type="checkbox"/> Increase levels of provincial disability income supports</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Increase the stock of affordable housing</td> <td style="padding: 5px;"><input type="checkbox"/> Increase mental health supports</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Increase addictions services and supports</td> <td></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Increase federal tax benefits for individuals and families</td> <td></td> </tr> </table> <p>Other: _____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Improve access to Employment Insurance	<input type="checkbox"/> Raise pension levels for seniors	<input type="checkbox"/> Increase access to affordable child care	<input type="checkbox"/> Increase social assistance benefit levels	<input type="checkbox"/> Lower business income tax rates	<input type="checkbox"/> Lower personal income tax rates	<input type="checkbox"/> Raise provincial minimum wage levels	<input type="checkbox"/> Lower or freeze tuition rates for post-secondary education	<input type="checkbox"/> Pay down government debt	<input type="checkbox"/> Expand job training options for adults	<input type="checkbox"/> Expand supports for new immigrants	<input type="checkbox"/> Increase levels of provincial disability income supports	<input type="checkbox"/> Increase the stock of affordable housing	<input type="checkbox"/> Increase mental health supports	<input type="checkbox"/> Increase addictions services and supports		<input type="checkbox"/> Increase federal tax benefits for individuals and families	
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Survey completed by	Signature	Date
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THANK YOU FOR YOUR PARTICIPATION!

Please send your completed survey and any additional material (e.g. list of agencies) to your *HungerCount* Provincial Coordinator.

****Please keep a copy for your records.**