

Partner Agency Pre-Screening Form

Completion of this questionnaire does not guarantee your partnership with the Southeast Texas Food Bank.

Contact Information:

Name of Organization _____

Address _____ City _____

Contact Person _____ Title _____

Email Address: _____ Phone _____

Program Information: Type of programs your organization currently provides: (Please check all that apply.)

<input type="checkbox"/> Pantry	<input type="checkbox"/> Produce Drop	<input type="checkbox"/> Drop Pantry
<input type="checkbox"/> Soup Kitchen	<input type="checkbox"/> Residential	<input type="checkbox"/> After School
<input type="checkbox"/> Mobile Pantry	<input type="checkbox"/> CSFP	<input type="checkbox"/> Diabetic
<input type="checkbox"/> Health Care	<input type="checkbox"/> School Pantry	<input type="checkbox"/> Summer Feeding

How often does your program distribute food?

Daily
 Weekly
 Bi-Weekly
 Bi-Monthly
 Monthly
 Other _____

What are current days and hours of Distribution?

Hours of Distribution	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Begin							
End							

Weekly
 1st Week
 2nd Week
 3rd Week
 4th Week
 Last Week

Number of clients served monthly? _____

What are your current sources of food? (Select all that apply):

- Purchased
- Donations from Retail Stores
- Donations from Individuals (i.e. food drives)
- No Food sources at this time

Is your food program managed/coordinated by:

- Volunteers Only
- Both Paid Staff and Volunteers
- Paid Staff Only

Would you be interested in becoming a Produce- Only Distribution Partner for SETX Food Bank?

- Yes
- No
- Unsure

If requested, can you provide documentation of your client screening process and a client list or roster?

- Yes
- No

If requested, can you provide a copy of your most current budget for your food assistance program?

- Yes
- No

County and Zip Code where food distribution takes place _____

List all zip codes your program serves: _____

Please list any SETX Food Bank Partner Agency within a 10 mile radius of your physical distribution address that you are aware? _____
