**Medicine Hat Hunger Count 2017**

Please email the completed questionnaire by December 15th, 2017 to [communityfoodconnections@gmail.com](mailto:communityfoodconnections@gmail.com). We are asking organizations to help us by completing the form electronically so that the information is easily accessible to compile a report and facilitate sharing.

Please respond to the questions below as they apply to your organization. If you need more room to respond due to multiple sub-groups, please use multiple copies of this document and use one questionnaire per group.

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name & email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What kind of food services do you provide to community members? Ie. Hot meals, food/grocery vouchers, food items, community/collective kitchens, food buying clubs, community gardens/urban agriculture, creating and/or promoting food policy?

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1. How often do you provide these services in your organization? Daily, Weekly, Monthly, Annually?

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1. How many people were served in the previous year (either calendar year or your organization’s fiscal year)?

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1. What is the dollar value or weight of the services provided during that time?

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1. In what capacity are your services being provided - crisis or capacity building or both?

Crisis Food Support – Emergency food such as that provided from a food bank, pantry, vouchers, hot meals, etc.

Capacity Building - through skills building such as community kitchens, community gardens, budgeting, etc.

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1. Are there other agencies that you work with or refer to? Do you track the referral? If so, how many people have you referred to other organizations?

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1. From where are you sourcing your food or funds that are being distributed? Ie. Food drives, corporate or private donations of goods or funds.

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1. Have you seen an increase in need in the last year? Have many people seeking assistance specified what their need is due to?

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1. What is the current source of income of those seeking assistance? (numbers or percentage if that information is collected).

\_\_\_\_\_\_ Job Income

\_\_\_\_\_\_ Employment Insurance

\_\_\_\_\_\_ Social Assistance

\_\_\_\_\_\_ Disability Related Income Support

\_\_\_\_\_\_ Pension

\_\_\_\_\_\_ Other