



Service Insights on MealConnect Agency Readiness Assessment

Date: _____

Thank you for your partnership with Second Harvest Food Bank of Central Florida and for your interest in Service Insights on MealConnect (SIMC). Please fill out the following information so that we can have a better understanding of your agency. The more detailed information you can provide us with, the better we are able to assist you with your agency's needs.

Agency Information	
Agency Name	
Agency Reference #	
Agency Address	
Agency Phone #	
Agency Email Address	

Agency Staff Representative	
Principal Contact	
Role at Agency	
Principal Phone #	
Principal Email Address	

Agency Characteristics

Please tell us about your agency's distribution process

Distribution Frequency

- ☐ Daily
- ☐ Weekly
- ☐ Bi-Weekly
- ☐ Monthly
- ☐ First – of every month
- ☐ Second – of every month
- ☐ Third – of every month
- ☐ Fourth – of every month
- ☐ Last – of every month

TEFAP Agency?

- ☐ Yes ☐ No

By appointment/reservation?

- ☐ Yes ☐ No

Distribution Day(s) / Time Range(s)

- ☐ Monday _____
- ☐ Tuesday _____
- ☐ Wednesday _____
- ☐ Thursday _____
- ☐ Friday _____
- ☐ Saturday _____
- ☐ Sunday _____

At approximately what time do staff/volunteers arrive at the agency/pantry on distribution day? _____

Distribution method

- ☐ Walk-in Pantry (Brick & Mortar)
- ☐ Drive Thru
- ☐ Mobile Drop
- ☐ Delivery

Average **number of households (families)** served PER DISTRIBUTION: _____

Average **number of households (families)** served PER MONTH: _____

At your agency, how often can the same household receive food/services?

☐ Every distribution

☐ Once a month

☐ _____ times a month

☐ Every _____ weeks

Notes _____

When is the agency's appointment to pick up food from Second Harvest Food Bank's warehouse:

Day: ☐ M ☐ T ☐ W ☐ Th ☐ F

Time: ☐ 7am ☐ 8am ☐ 9am ☐ 10am ☐ 11am ☐ 1pm

Shopping Method

☐ **PUSH** – Every neighbor gets the same, predetermined items. Volunteers/staff handle the food and prepare bags or boxes for each neighbor. Everyone receives the same items.

☐ **LIMITED CHOICE** – Neighbors can choose among a few prepackaged boxes or can combine a prepackaged box with limited choice of certain food items.

☐ **MODIFIED CHOICE** – Neighbors choose foods from a menu/list or tell volunteers/staff what they want, and volunteers/staff pack a bag or box for them.

☐ **FULL CHOICE** – Designed like a grocery store. Neighbors can browse and select their own food. The pantry may set limits on the number of items per food group or based on family size.

What items do you currently serve at your agency?

☐ Fresh fruits/vegetables

☐ Canned goods

☐ Bread/bakery products

☐ Dairy products

☐ Pasta

☐ Meats/Fish/Poultry

☐ Baby supplies

☐ Pet supplies

☐ Household goods

☐ Other: _____

Client Intake/Registration

Please describe your current process for intake (Check all that apply and/or provide notes under OTHER)

☐ One-on-one

☐ Welcome/waiting room/lobby area

☐ Appointment/Reservation check-in

☐ Go up to every vehicle (drive thru distribution)

☐ Other: _____

Are there any current issues/problems with your current intake process? (Please explain)

How does your agency log information about neighbors and how is information stored? (Check all that apply)

- ☐ Paper and pencil
 ☐ Microsoft Excel/Access
☐ Google Docs
 ☐ Electronic Software
☐ Other: _____

What type of data do you currently collect from the individuals you serve during intake? (Check all that apply)

- ☐ Name
 ☐ Zip code
 ☐ Languages
 ☐ SNAP Eligible
 ☐ Dietary Considerations
☐ Gender
 ☐ Address
 ☐ Household Size
 ☐ Gov't Assistance
 ☐ Health Conditions
☐ Race
 ☐ Email
 ☐ Household Names
 ☐ Employment Status
 ☐ Assistance Needs
☐ Birthdate
 ☐ Phone
 ☐ Household Ages
 ☐ Disability
 ☐ _____
☐ Age
 ☐ Ethnicity
 ☐ Income
 ☐ Military Status
 ☐ _____

TOTAL average number of staff/volunteers per distribution: _____

Number of staff/volunteers that can help with neighbor intake/registration: _____

System User Full Name	Phone number	Email address

Technology

What types of technology and how many devices does your agency have to use for neighbor intake and registration?

- ☐ Desktop computer (Quantity): _____
☐ Laptops (Quantity): _____
☐ Tablets (Quantity): _____
☐ Smartphones (Quantity): _____

Internet Access: ☐ Yes ☐ No (Service provider: _____)

Parking Lot Wi-Fi: ☐ Yes ☐ No

Cellular Coverage: ☐ Yes ☐ No

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Second Harvest
FOOD BANK
OF CENTRAL FLORIDA