

Food Pantry Service Impact Assessment Form

Basic Information

Name

Email

Household Size

Date of Visit

Assessment

How has the pantry impacted your access to food?

Has the pantry improved the quality of your diet?

Which services did you use today? (Check all that apply)

☐ Groceries ☐ Prepared Meals ☐ Personal Care Items ☐

Feedback

Suggestions for improvement

Additional Comments