



Food Pantry Survey

The Rush School-Based Health Center (SBHC) at Orr Academy/KIPP One wants to hear from you! The SBHC is currently exploring how they can support Orr and KIPP One families who have food needs. Please complete this short survey, so your input can inform planning a food pantry or other programs in the school. Your help is appreciated! This survey is anonymous unless you provide your information at the end. Thank you!

Do you have a preferred language? *

- English
- Spanish

Would you be interested in a food pantry at your child's school? *

- Yes
- No

Which school does your child(ren) go to? *

- Orr Academy High School
- KIPP ONE

What will be the best time and day of the week you could be available to pick up food items from the child's school? *

- Monday morning
- Monday afternoon
- Friday morning
- Friday afternoon

How many people in your household? *

What are the ages of family members in your home? *

What type of food would you prefer? (Select all that apply) *

- Fresh Produce
- Pantry items (rice, pasta, bread, cereal)
- Meat / High Protein
- Frozen food

How often would you like to visit a food pantry? *

- Once a week
- Twice a month
- Once a month

What type of food pantry would you like? *

- Pre-selected items in a box
- Your choice of items

Are there any health issues you would like to address through food? (diabetes, food allergies, high blood pressure, etc.) *

- Yes
- No

Are there any other community resources you would like to receive at the food pick-up? *

- Housing/Rental Assistance
- Illinois Application for Benefits Eligibility (ABE): SNAP (LINK); WIC; Medical Card
- Assistance with electricity and heating (LIHEAP)
- None

How do you prefer to get updated regarding the pantry? By phone, text, or email? *

- Phone Call
- Text Message
- E-mail
- Please do NOT contact me

Name

First Name Last Name

Phone Number *

Please enter a valid phone number.

Email *

example@example.com