



**FRESNO METRO MINISTRY**  
1055 N. VAN NESS, SUITE H  
FRESNO, CA 93728  
(559) 485-1416 FAX (559) 485-9109  
E-mail: [metromin@qnis.net](mailto:metromin@qnis.net)

February 7, 2001

To: All organizations that provide emergency or maintenance food to hungry people in Fresno.

From: Fresno Metro Ministry Hunger and Nutrition Project  
The Reverend Walt Parry, Executive Director  
Edie Jessup, Hunger Project Staff

The Community Hunger and Nutrition Forum Food Access Action Team has undertaken the task of surveying all providers of food to our hungry neighbors. We are interested in whom, when, where, and what kinds of foods you provide. From this data, the Project will compile an Inventory called 'Hunger No More'. The information will be available to providers and to helping agencies for referrals to appropriate and responsive food. The inventory will help us all identify gaps and barriers to people getting adequate nutritious and culturally appropriate food for their families.

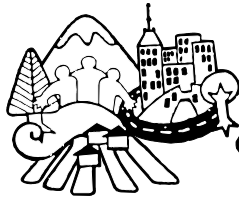
This collective endeavor has become more important because of what is happening to families' budgets with the energy crisis and huge utility bills. Reports are pouring in about new families needing food because they have paid skyrocketing utility bills.

Please fax the Inventory of Fresno Food Resources back to Fresno Metro Ministry:  
485-9109,

Or: Mail the completed form to  
Fresno Metro Ministry  
Hunger Project- Edie Jessup  
1055 N. Van Ness  
Fresno, Ca 93728

Or: Attend the Community Hunger and Nutrition Forum  
Wednesday, February 14, 2001 (Register by phone or fax)  
And bring your completed Inventory Form and Questions!

Thank you for the good work you do. Fresno's high poverty rate, while being the breadbasket of the world, is a shame. And, it is an opportunity for us together to see that families and children have adequate nutritious and culturally appropriate food to grow strong and healthy. That will assure all of our neighbors having the fuel and healthy growth to make this Valley strong.



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## INVENTORY OF FRESNO FOOD RESOURCES

		<b>How Does a Person Access Food from this Agency?</b>
<b>Agency Name</b>	«Agency»	<input type="checkbox"/> Phone
Mail Address	«Address»	<input type="checkbox"/> Walk-in
Site Address		<input type="checkbox"/> Referral from _____
City	«City»	I.D. Needed?
State, Zip	«State», «Zip»	<input type="checkbox"/> SS# <input type="checkbox"/> Other _____
Phone	«Phone»	Other Proofs: <input type="checkbox"/> Income <input type="checkbox"/> Bills <input type="checkbox"/> Rent/lease <input type="checkbox"/> Immigration Status
FAX		
e-mail		
Web Site		<input type="checkbox"/> Transportation-Delivery of Food
Location		Special Needs Provided <input type="checkbox"/> Baby Food <input type="checkbox"/> Diapers <input type="checkbox"/> Dietary <input type="checkbox"/> Culturally Appropriate Foods

	M	T	W	Th	F	Sa	Su	Weeks of Month	Hours Open
Pantry								<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	AM- PM
Food Bag/Box								<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	AM- PM
Hot Meals								<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	AM- PM
Emergency Calls									AM- PM
USDA Distribution								<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	AM- PM
Children Meals									AM- PM
Senior Meals									AM- PM

<b>Restrictions</b>
Number of times <input type="checkbox"/> Individual <input type="checkbox"/> Family Allowed to get food ____x Month  ____x Year  ____ Other:  <input type="checkbox"/> Not allowed to get food if on public assistance

Languages Provider speaks:	Types of Food Provided:	
Hours Phone Response      AM      PM	Number of Days of <b>Food /person</b> provided each visit	<b>DAYS:</b>
If Closed or Cannot Help, to whom do you refer folks?	Other Services Provided: <input type="checkbox"/> Food Stamp Outreach	
If you are a religious organization, do you communicate your religious belief to the people needing food? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how do you communicate this?	<input type="checkbox"/> Wheel chair/Handicapped accessible	
	Sources of Food: <input type="checkbox"/> Donations _____% <input type="checkbox"/> Food Bank _____% <input type="checkbox"/> Grocery Stores _____% <input type="checkbox"/> Farmers _____% <input type="checkbox"/> _____%	

**Client Identified Barriers:**

Name	Phone/Contact	Date	Barrier/Problem

Flesch-Kincaid 6.6