



Your opinion is very important to JRA. Please take a moment to complete this anonymous survey. Your responses will help to improve our service. **Please mail your completed survey in the attached envelope. NO postage is required.**

## SECTION A: ABOUT YOU

1. How many people currently live in your household? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 +

2. Please enter the ages of the people in your household.

Person 1 (you) Age: \_\_\_\_\_ Person 2 Age: \_\_\_\_\_ Person 3 Age: \_\_\_\_\_

Person 4 Age: \_\_\_\_\_ Person 5 Age: \_\_\_\_\_ Person 6 Age: \_\_\_\_\_

3. How did you first hear about JRA?

- ☐ Friend or neighbor (word of mouth) ☐ Social worker  
☐ Flyer or publication ☐ Internet search  
☐ Other \_\_\_\_\_

4. Were you referred to JRA by one of the following agencies, or another agency?

- ☐ Federation Housing Social Worker ☐ Community Home Health Agency ☐ KleinLife JCC  
☐ New Life Home Care ☐ Golden Slipper ☐ JFCS ☐ Philadelphia Corporation for the Aging  
☐ Prestige Home Care ☐ Veterans Affairs ☐ Vita Care ☐ Other \_\_\_\_\_

5. How long have you been receiving JRA food boxes?

- ☐ Less than one year ☐ 1 to 2 years ☐ 3 to 4 years  
☐ 5 to 7 years ☐ More than 7 years

6. What is your employment status? (check all that apply)

- ☐ Employed ☐ Unemployed ☐ Retired  
☐ Student ☐ Disabled

7. Is anyone else in your household (not including you) currently employed?

- ☐ Yes ☐ No

8. What is your country of origin? ☐ United States ☐ Russia ☐ Ukraine ☐ Albania  
☐ Azerbaijan ☐ Belarus ☐ China ☐ Haiti ☐ Jamaica ☐ Other \_\_\_\_\_

9. What is your primary language?

☐ English ☐ Russian ☐ Ukrainian ☐ Albanian ☐ Spanish ☐ Other \_\_\_\_\_

## SECTION B: ABOUT THE JRA BOX YOU RECEIVE

10. If you have special dietary needs check them below. (check all that apply)

☐ I have no special dietary needs ☐ Low salt ☐ Low cholesterol  
☐ Low sugar (diabetic) ☐ Gluten-free ☐ Nut-free ☐ Other \_\_\_\_\_

11. What is your overall satisfaction with the box of food you receive from JRA?

<sup>1</sup> ☐ Very satisfied <sup>2</sup> ☐ Satisfied <sup>3</sup> ☐ Neutral <sup>4</sup> ☐ Somewhat dissatisfied <sup>5</sup> ☐ Dissatisfied

12. How many meals are you able to prepare using the items in the food box?

☐ 1-2 meals ☐ 3-4 meals ☐ 5-6 meals ☐ 7 or more meals

13. Select up to 5 items from the following list that are your favorite or most helpful in the JRA food box.

<sup>1</sup> ☐ Toilet paper <sup>2</sup> ☐ Masks <sup>3</sup> ☐ Soap <sup>4</sup> ☐ Canned Tuna <sup>5</sup> ☐ Canned Salmon <sup>6</sup> ☐ Oatmeal <sup>7</sup> ☐ Pasta  
<sup>8</sup> ☐ Canned Beans <sup>9</sup> ☐ Canned Fruit <sup>10</sup> ☐ Canned Vegetables <sup>11</sup> ☐ Soup Mix <sup>12</sup> ☐ Oil <sup>13</sup> ☐ Crackers

14. How does the JRA food box help you? (check all that apply)

- <sup>1</sup> ☐ Because of the JRA food box, I have enough food to eat each month
- <sup>2</sup> ☐ Because of the JRA food box, I am able to pay my other bills (medical, rent, utilities, etc.)
- <sup>3</sup> ☐ Because of the JRA food box, I feel more food secure
- <sup>4</sup> ☐ Because of the JRA food box, I have access to more nutritious food.
- <sup>5</sup> ☐ I am unable to get to the grocery store due to an illness or disability and JRA brings me food that I am unable to get on my own
- <sup>6</sup> ☐ I am unable to get to the grocery store due to lack of transportation and JRA brings me food that I am unable to get on my own

**15. Does the food you receive from JRA meet your food needs?**

- ☐ Yes, my food needs are being met    ☐ No, my food needs are not being met

**16. Do you currently receive any of the following benefits or services? (check all that apply)**

- ☐ I do not receive benefits from any other agencies or individuals
- |   |  |
|---|--|
| <input type="checkbox"/> Food stamps (SNAP)                           | <input type="checkbox"/> Social Security                 |
| <input type="checkbox"/> Mitzvah Food Program (food package)          | <input type="checkbox"/> JEVS                            |
| <input type="checkbox"/> Hot meals at KleinLife or Federation Housing | <input type="checkbox"/> Golden Slipper                  |
| <input type="checkbox"/> Jewish Family and Children's Services (JFCS) | <input type="checkbox"/> PCA Services                    |
| <input type="checkbox"/> Cook for a Friend Meal Delivery              | <input type="checkbox"/> Kosher or other Meals on Wheels |
| <input type="checkbox"/> Free or reduced price lunch                  | <input type="checkbox"/> Disability (SSD)                |
| <input type="checkbox"/> Cash Assistance (Welfare)                    | <input type="checkbox"/> Energy Assistance (LIHEAP)      |
| <input type="checkbox"/> Supplemental Security Income (SSI)           | <input type="checkbox"/> Unemployment                    |
| <input type="checkbox"/> WIC  | <input type="checkbox"/> Earned Income Tax Credit        |

**SECTION C: CHALLENGES YOU MAY FACE**

**In this section we would like to learn more about your everyday struggles with hunger so that we can better meet your needs. The questions refer to your household.**

**17. "Within the past 12 months, we worried whether our food would run out before we got money to buy more."**

- ☐ Often true    ☐ Sometimes true    ☐ Never true    ☐ Don't know

**18. "Within the past 12 months, the food we bought just didn't last and we didn't have money to get more."**

- ☐ Often true    ☐ Sometimes true    ☐ Never true    ☐ Don't know

**SECTION D: CULTURE AND THE JEWISH COMMUNITY**

**19. Do you identify as Jewish?**

- ☐ Yes    ☐ No

**20. If yes, how do you identify yourself?**

- ☐ Secular/Non-practicing/Cultural    <sup>2</sup>☐ Jewish and another religion    <sup>3</sup>☐ Sephardic/Mizrahi/Buhari  
<sup>4</sup>☐ Reform/Conservative/ Reconstructionist    <sup>5</sup>☐ Orthodox    <sup>6</sup>☐ Other \_\_\_\_\_

**21. Does receiving a box of kosher food from JRA make you feel connected to the Jewish community?**

☐ Yes ☐ No

**22. Does receiving special foods for Jewish holidays in the JRA box enable you to have a more meaningful celebration? (Some examples of Jewish Holiday foods include hamantashen, gefilte fish, grape juice, Hanukkah gelt and matzah.)**

☐ Yes ☐ No ☐ I do not identify as Jewish

**Feel free to share additional comments below about the services you receive from JRA.**

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**NO postage is necessary. Thank you for participating.**