



JEWISH RELIEF AGENCY

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?

☐ Very satisfied ☐ Satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ 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.

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

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

- 1 ☐ Because of the JRA food box, I have enough food to eat each month
2 ☐ Because of the JRA food box, I am able to pay my other bills (medical, rent, utilities, etc.)
3 ☐ Because of the JRA food box, I feel more food secure
4 ☐ Because of the JRA food box, I have access to more nutritious food.
5 ☐ 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
6 ☐ 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)

- | | |
|---|--|
| <input type="checkbox"/> 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 ☒ Jewish and another religion ☒ Sephardic/Mizrahi/Buhari
☐ Reform/Conservative/ Reconstructionist ☐ Orthodox ☐ 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

SECTION E: HOLOCAUST SURVIVORS

23. Do you identify as a Holocaust Survivor?

☐ Yes ☐ No

24. Does anyone else (not including you) currently living in your household identify as a Holocaust Survivor?

☐ Yes ☐ No

25. Does receiving a box of kosher food from JRA make you feel cared for by the Jewish community?

☐ Yes ☐ No

26. Are there other services you need that are not currently being provided to you by another human service agency? Select all that apply.

☒ Incontinence supplies ☒ Transportation to a food pantry or medical appointment

☒ Other _____

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.