



## TRAINING PROGRAM EVALUATION

This evaluation forms offers a chance to step back and assess how well things are going, offer suggestions for program enhancement, and identify where the State needs to take corrective action.

**The Emergency Food Assistance Program (TEFAP) is a Federal program that helps supplement the diets of low-income Americans, including elderly people, by providing them with emergency food and nutrition assistance at no cost.**

1. If TEFAP food is not the "type" of food that is wanted by your community, please list foods wanted: \_\_\_\_\_  
\_\_\_\_\_

2. If TEFAP food is delivered or picked up damaged, what type of damage and how often? \_\_\_\_\_  
\_\_\_\_\_

3. Is your fair share of TEFAP commodities: (check one)  not enough,  too much, or  just right?

4. Do you have any customer(s) that might be taking advantage of this program and feel that an investigation may be warranted?  
If so, explain: \_\_\_\_\_  
\_\_\_\_\_

5. Is there any problem in keeping track of individuals and households served? \_\_\_\_\_  
\_\_\_\_\_

6. Are you for, or against, using an "electronic" signature pad and why? \_\_\_\_\_  
\_\_\_\_\_

7. (For Cook County only) If you are already participating in an "electronic" signature process, are you experiencing any problems or would like to offer suggestions? \_\_\_\_\_  
\_\_\_\_\_

**Temporary Assistance for Needy Families (TANF) provides funding to the Foodbanks to purchase additional foods for pregnant women and families with one or more children who are 18 years of age or younger. This food is usually distributed from February or March until the end of June each year.**

8. Is your Foodbank using the TANF funding to buy the type of food that is wanted by your community? \_\_\_\_\_  
\_\_\_\_\_

9. Is the TANF food being distributed to only those families that are eligible? \_\_\_\_\_  
\_\_\_\_\_

10. Is there any problem in identifying TANF food from TEFAP food when it is being delivered or picked up from the Foodbank? \_\_\_\_\_  
\_\_\_\_\_



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11. Do you keep TANF food separate from TEFAP food in your pantry? \_\_\_\_\_  
\_\_\_\_\_

**A Foodbank is a nonprofit food distribution and training center that provides food for hungry people.**

12. Overall, how is your Foodbank's performance? \_\_\_\_\_  
\_\_\_\_\_

13. On the scale of 1 to 10, with 1 being the worst, how would you rate your Foodbank? \_\_\_\_\_

14. Are there any specific problems with your Foodbank service(s)? \_\_\_\_\_  
\_\_\_\_\_

15. Are you receiving any feedback on monitoring reviews completed by the Foodbank staff? \_\_\_\_\_

16. Is the Foodbank relaying to you the monitoring reviews completed by EFP staff? \_\_\_\_\_

17. Is the Foodbank staff resolving all of your issues in regards to customers? \_\_\_\_\_  
\_\_\_\_\_

**A Pantry is a nonprofit organization that increases access to food for hungry people.**

18. On the scale of 1 to 10 with 1 being the worst, how would you rate your pantry, soup kitchen, and/or homeless shelter?  
Pantry \_\_\_\_\_ Shelter \_\_\_\_\_ Soup Kitchen \_\_\_\_\_

19. Will all staff/volunteers be given the same training you received today using the Distribution Site Manual and Training Slide Presentation Guide?  Yes  No

20. Do you think that your service area could be expanded?  Yes  No

21. Do you think that more pantries are needed in the area?  Yes  No

22. Do you serve customers more than once every 30 days? If so, how often? \_\_\_\_\_  
\_\_\_\_\_

**The Emergency Food Program (EFP) Training Coordinator is given the responsibility to train, provide guidance, and answer questions.**

23. Were the TEFAP and TANF rules explained clearly? \_\_\_\_\_  
\_\_\_\_\_

24. Were all of your questions answered? \_\_\_\_\_  
\_\_\_\_\_

25. Was the Training Slide Presentation Guide easy to follow? \_\_\_\_\_  
\_\_\_\_\_



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26. Are the procedures in the Distribution Site Manual clearly defined? \_\_\_\_\_

\_\_\_\_\_

27. Did you understand your responsibilities in the Civil Rights and Discrimination process? \_\_\_\_\_

\_\_\_\_\_

28. Did you know that you need to include your Proxy forms as part of your count for individual and household served?

\_\_\_\_\_

\_\_\_\_\_

**Rules are created to keep a program intact, but sometimes for the program to work more efficiently, rules need to be changed. Do you recommend any rule change(s) to any part of this program?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Evaluation Submission

Evaluation questions should be directed to: [DHS.IEFP@illinois.gov](mailto:DHS.IEFP@illinois.gov) or call (217) 782-0592.

**Mail** evaluation to: IDHS Emergency Food Program  
Attention: TEFAP Manager  
823 E. Monroe Street, Springfield, IL 62701

**Fax** evaluation to: (217) 558-5408

**E-mail** evaluation to: [DHS.IEFP@illinois.gov](mailto:DHS.IEFP@illinois.gov)

Your input is always welcomed. Thank you again for the time and effort you put into this program. Without your help, this program would not succeed. Thank you.

Your Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Foodbank Name: \_\_\_\_\_

Distribution Site Name: \_\_\_\_\_

Distribution Site Address: \_\_\_\_\_