

Assembly Member Khaleel M. Anderson Food Security Survey

19-31 Mott Ave, Suite 301, Far Rockaway, NY 11691 131-15 Rockaway Boulevard, South Ozone Park, NY 11420

Dear Neighbor,

O Never true

My office is dedicated to breaking the stigma around food insecurity and hunger. Food insecurity is an economic and social condition of limited access to food, while hunger is an individual feeling of uneasiness or pain that may result from food insecurity (USDA). Both are a result of "food apartheid" which describes the structural policies that make healthy food difficult to access and unhealthy food readily available.

Please help our office to better assist your food service needs by completing the survey below. Your information will be kept confidential by our office.

Assembly Member Khaleel M. Anderson

| | | Assembly Member Khaleel M. Anderson | | |
|---|--|---|--|--|
| | | | | |
| | 1. Which food benefits do you receive? (Select all that apply) | 5. "The food that we bought just did not last and we did not have money to get more." | | |
| | O SNAP/Food Stamps | O Often true | | |
| | O EBT/P-EBT | O Sometimes true | | |
| | O WIC | O Never true | | |
| | O Other | 6. "We could not afford to eat balanced meals." | | |
| | 2. Where do you most commonly shop for groceries? | O Often true O Sometimes true | | |
| | O Bodega or deli | O Never true | | |
| | O Food Pantry | 7. Did you ever eat less than you felt you should because there wasn't enough money for food? | | |
| | O Supermarket | | | |
| | O Farmer's market | O Yes O No | | |
| | O Home Delivery | 8. Were you ever hungry, but didn't eat, | | |
| | 3. How long does it take you to reach the place where you get your groceries? | because there wasn't enough money for food? O Yes O No | | |
| | O Less than 10 minutes | 9. Did you lose weight because there wasn't enough money for food? | | |
| | O 10-20 minutes | | | |
| | O 30 minutes or more | O Yes O No | | |
| | O An hour or more | 10. Did you rely on family, friends, food | | |
| Please select the option that best applies to | | pantries and/or other outside sources to feed your household? | | |
| | your household. In the last 12 months: | O Yes O No | | |
| | 4. "We worried whether our food would run out before we got money to buy more." | 11. (If yes to question 10) How often did this happen? | | |
| | O Often true | O Almost every month | | |
| | O Sometimes true | O Some months but not every month | | |

O In only 1 or 2 months

| 2 | nly answer Questions 12-21 if the ousehold includes children age 0-17: | | because there wasn't enough money for food? | |
|--|--|---|---|--|
| 12. "We relied on only a few l | | O Yes | O No | |
| food to feed our children because we were running out of money to buy food." O Often true O Sometimes true | - | o question 16) How often did this | | |
| | happen? | | | |
| | O Almost every month | | | |
| O Never true | | O Some months but not every month | | |
| 13. "We couldn't feed our children a balanced | O In only 1 | or 2 months | | |
| meal, because we couldn't af | | 18. Did any of the children ever not eat for | | |
| O Often true | | a whole day because there wasn't enough money for food? | | |
| O Sometimes true | | | | |
| O Never true | | O Yes | O No | |
| 14. "We rely on the school to provide breakfast because we cannot afford to feed the children | | _ | ou ever applied for food benefits, pplication was denied? | |
| at home." | O Yes | O No | | |
| O Often true | | 20. (If yes to question 19) Please explain why? | | |
| O Sometimes true O Never true 15. Were the children ever hungry but you just could not afford more food? | | 20. (If yes to question 19) Please explain wity: | | |
| | | | | |
| | | | | |
| O Yes O No | | | | |

New York State Assembly Albany, New York 12248



Assembly Member Khaleel M. Anderson

Food Security Survey

Albany, New York Permit No. 75

PRSRT STD.

PAID

THERE ARE TWO WAYS THAT YOU CAN SUBMIT THE SURVEY:

Return the enclosed survey by mail to our District office:

Assembly Member Khaleel M. Anderson, 19-31 Mott Ave, Suite 301, Far Rockaway, NY 11691 OR

Complete the survey online: https://nyassembly.gov/mem/Khaleel-M-Anderson

| ull name: | | | | |
|----------------|-------------------------------------|--|--|--|
| Date of birth: | Number of people in your household: | | | |
| Address: | | | | |
| Email: | Phone: | | | |