Freshplace Manual:
A Resource Guide
For An Innovative Food Pantry Model
ACKNOWLEDGEMENTS

Many people have contributed to the vision, planning, design, operation, and evaluation of Freshplace. The following dedicated individuals all gave significant time, energy, sweat and love to the project:

Wendy Avery, Matthew Brennan, Maurice Casey, Sharon Castelli, Angela Colantonio, Mary Jane Counsilman, Justine Couvares, Alicia Flynn, Jeanette Goyzueta-Rhodes, Jamie Grady, Raymond Grasso, Anthony Hebert, Carolyn Van Newkirk Hoffman, Laura Hughes, George Lombardo, Coreen Majka-Sunde, Sally Mancini, Katie Martin, Gloria McAdam, Jon Mitchell, Christine O’Rourke, Katherine Picho, Katie Powers, Susan Redfield, Kate Robaina, Allison Schmidt, Maryellen Shuckerow, Kathleen Schuster, Steve Slipchinsky, Sarah Thrall, Lynda Waldron, Michele Wolff, Nancy Woodward, and Rong Wu.

The Freshplace founders also gratefully acknowledge the hard work and dedication of our Freshplace members, volunteers, supporters, donors, and staff. Without you, Freshplace would not be the wonderful place that we have all come to love.

Generous Funding

Freshplace programming would not have been possible without the generous funding of the United Way of Central and Northeastern Connecticut and other funders. Funding for the randomized control study was generously provided by the Connecticut Institute for Clinical and Translational Science at the University of Connecticut Health Center, and from Foodshare. Funding for development of the manual generously provided by the Farmington Bank Community Foundation.

Published Fall 2014

Edited by Carolyn Van Newkirk Hoffman and Katie Martin, Ph.D.
with editorial assistance by Michele Wolff
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Orchard Cove Photography, Chrysalis Center, and Katie Martin
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We are pleased that you plan to use this manual in your work. As you reference this manual or describe the Freshplace model, please acknowledge the work with the following language:


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# THE FRESHPLACE PROGRAM:
Nourishing Our Community

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Part 1: Introducing Freshplace

In a land of plenty, millions of Americans struggle daily to get enough food for their families. In 2009, Feeding America, the largest organization of emergency food providers in the country, served an estimated 37 million different people, an increase of almost 50% from 2005.\(^1\) Between 2005 and 2009 the number of Feeding America food pantries increased by 13%.

There are food pantries in nearly every community in the United States. Even in Connecticut, one of the wealthiest states in the nation, hunger is a day-to-day reality for many.

In this manual, we describe a new model for addressing the problem of hunger. We provide detailed information on how to adopt the Freshplace model and incorporate successful elements of the model in existing food pantries. Success requires a new way of thinking about hunger. **The Freshplace model is a paradigm shift.** We challenge the status quo of serving more food to more people every year. We make the argument that traditional food pantries are a Band-Aid and not a long-term solution.

We know that the Freshplace model works.

We have conducted a 3-year, rigorous study of our program, and Freshplace showed significant, positive results compared to traditional food pantries. Freshplace members are more likely to be food secure, have higher self-sufficiency, and eat more fruits and vegetables after going to Freshplace and accessing its services.

We can continue to provide food in traditional ways to more people every year, or we can re-think the way we operate food pantries. If you are ready for a different approach to ending hunger, read on...

*Photography by Nicolette Theriault, © 2011*
Background on Hunger and Food Insecurity

In a country as wealthy as the U.S., it is disturbing to realize that many families experience hunger and worry whether they will have enough food for their children. Whereas hunger is the immediate sensation of not having food now, food insecurity is the limited ability to get enough food for one’s family. It means worrying about having enough food at the end of the week or the end of the month because there isn’t enough money to buy more.

Food insecurity has far-reaching implications. Adults who experience food insecurity are less productive at work and are more likely to suffer from depression. Women who are food insecure are more likely to be obese. Children experiencing hunger have developmental delays and perform poorly in school.

The U.S. Dept. of Agriculture estimates that 15% of American households were food insecure in 2012.

To help address the problem of food insecurity, the U.S. government created numerous food assistance programs, primarily during the 1960s and 1970s, including:

- Supplemental Nutrition Assistance Program (SNAP, formerly called food stamps)
- School Lunch and Breakfast Programs
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Summer Food Service Program
- Senior Nutrition Program

Later, in the 1970s and early 1980s, private charitable groups and churches created “emergency” food assistance programs such as food pantries and soup kitchens to supplement government programs and to address the growing problem of hunger. Despite decades of public and private food assistance programs, hunger remains a persistent public health problem. It is time for a new way to address the problem of hunger.

For More Information:

- Food Research Action Center, www.frac.org
- Feeding America, www.feedingamerica.org
- U.S. Dept. of Agriculture, food security briefing room
- End Hunger CT!, www.endhungerct.org
- More information can be found in the resources list at the end of this manual

Food Pantries Don’t Solve the Problem

Americans are very uncomfortable with the thought of their neighbors experiencing hunger, and therefore they are generous with food donations. Private food programs have grown in number and size so that nearly every community in the U.S. has a food pantry, including
wealthy communities and suburbs. Food pantries utilize extraordinary amounts of people power and pounds of donated food without any measure of their effectiveness at solving the problem of hunger. At the same time however, our national willingness to fund the chronic need for food assistance is ebbing. When the “emergency” of hunger has lasted three decades with no sign of abating, it is time to rethink the way we provide food assistance and time to examine the effectiveness of food pantries. Giving away food may solve a temporary problem of an empty belly, but it does nothing to end the chronic problem of on-going need.

Hunger is a symptom of many underlying factors related to poverty. When families go to a food pantry due to lack of food, it is the result of a series of challenges caused by limited economic, social, and environmental resources. However, the standard solutions to hunger focus almost entirely on food, either in food drives or emergency food programs such as food pantries and soup kitchens. Providing food is easy. Addressing the underlying causes of hunger (such as generational poverty, unemployment, limited education, lack of stable housing and limited health care) is complicated, yet necessary, if we hope to break the cycle of dependence and the other negative health and social outcomes associated with hunger.

Changing the way we address hunger will be difficult because many programs have grown for decades and have developed a standard operating procedure to which volunteers, staff and clients have grown accustomed. Despite thousands of food pantries across the country, there is no evidence that food pantries reduce food insecurity. Food pantry directors are beginning to question how long they can continue to provide emergency food. In this manual, we outline a different approach to create a longer-term solution to the problem of hunger.

**Working Together**

Freshplace is an innovative food pantry that was founded by three community agencies – Foodshare, Chrysalis Center, Inc., and the Junior League of Hartford, Inc.– to build long-term food security and self-sufficiency among residents of the North End of Hartford, CT. Our doors first opened in 2010, after four years of research, planning and program development. The goal of Freshplace is to provide a more fundamental approach to the problem of food insecurity by addressing the root causes of poverty.

Foodshare is the regional foodbank of greater Hartford. The mission of Foodshare is to end hunger as a part of the overall community effort to alleviate poverty in greater Hartford. Chrysalis Center, Inc. is a private non-profit healthcare agency which provides community support services to people who struggle with psychiatric disabilities, substance...
abuse, HIV/AIDS, release from incarceration, and homelessness, and who live substantially below the poverty line. The Junior League of Hartford, Inc. is a women’s educational and charitable organization whose members are committed to promoting voluntarism, developing the potential of women and improving communities through the effective action and leadership of trained volunteers.

After collaborating for three years, these organizations then formed a community-university partnership with Dr. Katie Martin at the University of Connecticut to evaluate Freshplace. Dr. Martin is now working at the University of Saint Joseph and she and her research team continue to collaborate as a university partner for Freshplace.

**Freshplace Values and Vision**

In the simplest terms, food pantries provide a steady flow of fish, but they often do not teach their clients how to fish. Our goal is to serve as an alternative by addressing the root causes of hunger and focusing on developing long-term skills and capabilities rather than giving short-term assistance.

Freshplace is not a typical pantry, and we believe it is the first of its kind in the nation. People who attend Freshplace are called “members” rather than clients because we believe that this is less institutional, and imparts a reciprocal, supportive relationship in a friendly tone. Membership is also a desirable status, which empowers those we serve to work towards their own goals and solutions.

When members arrive at Freshplace, they are welcomed by professional staff and volunteers. Freshplace members visit and “shop” the pantry by appointment rather than waiting in line for services.

At Freshplace, members push small grocery carts through the facility, which is set up like a grocery store, and co-shop with volunteers trained to facilitate nutrition education re-enforcement, needs assessment, and supportive coaching. Our members work with staff to develop individualized ‘FreshStart’ plans, outlining their personal goals and objectives. Supportive wrap-around services empower Freshplace members on their journeys from immediate crisis to eventual self-sufficiency.

Hunger is not just caused by a lack of food, but also lack of human capital (including education, employment and income), social support and social capital. Any attempt to improve long-term food insecurity requires more than just short-term food. The Freshplace model and evaluation incorporate these broader factors.
The goal of Freshplace is to address the root causes of hunger by developing long-term skills and capabilities rather than short-term assistance.

*Freshplace is person-centered and strength-based.* Rather than viewing clients as only having needs, we recognize the strengths, goals and dreams of our members and help them build their resources. The members we serve are the experts in their own lives. Freshplace is built upon respect for all people (clients, volunteers, and staff).

Freshplace has several components that make it special and successful. We understand that each food pantry is unique, and not all food pantries may be able to incorporate all aspects of the Freshplace model. In order to achieve the same level of success documented with Freshplace, we encourage you to incorporate as many of these elements into your program as possible. This manual is meant to serve as a comprehensive resource and “How-To” guide, describing each component in detail, so that others can replicate it. We also provide a toolkit of resources, forms and references to help guide your work implementing the Freshplace model.

**Core Elements Of Freshplace**

- **Members, not Clients** – people who attend Freshplace are called members to reflect the reciprocal relationship and value they bring to the program
- **Client-Choice Food Pantry** – members shop with dignity and can choose their own food
- **Emphasis on Fresh, Healthy Food** – priority made for fresh produce, items with limited fat, sugar, and salt, reflecting My Plate guidelines
- **Community Partnerships** – The program is founded and supported through a collaborative group of non-profit organizations. Additionally, Freshplace partners with other key agencies, volunteer groups, and universities.
- **Scheduled Appointments** – we value our members’ time and they value ours; members never wait in line
- **Trained Program Manager** – a Program Manager is trained in Motivational Interviewing
- **Individualized Case Management** – members meet with a Program Manager at least once each month during their enrollment period
- **Members Set and Achieve Goals** – the Program Manager helps Freshplace members identify goals for each month and actively coaches members on their progress
- **Focus Is Person-Centered and Strength-Based** – members are the experts in their own lives
- **Guidelines for Program Graduation and Discharge** – members understand expectations for making progress and staying in the program
- **Wrap-Around Services** – nutrition education, cooking classes, and computer access are all provided on-site
- **Network with Other Community Services** – the Program Manager refers members to other existing community services and programs so as not to re-create the wheel
- **Rigorous Evaluation** – we collected data through a community-university partnership to track members’ progress and compare our program results with those of typical pantry users
Partnerships

Much of the success of Freshplace is due to the strong and long-lasting collaboration between the founding agencies, the university partnership, local funders and other community agencies and social service organizations. Any community hoping to incorporate the Freshplace model into their existing programs should seek to partner with other agencies in their community to design and carry out the work. Though true collaboration can be challenging, our experience has shown that multiple agencies bring different expertise to the table. Working together as a team, we are stronger, more effective, and more successful than apart.

Can we bring more human dignity to the process of donating food rather than simply using one-way giving?

Can we increase our personal involvement with those in crisis to assist them with other resources such as housing, day care, or other support?

-Robert Lupton,
Toxic Charity
Part 2: Open For Business

Key Components of Freshplace

Three main components of Freshplace distinguish it from traditional food pantries. These are:

• A Culture of Customer Service
  ➢ Provide a culture of respect and customer service, including a client-choice pantry where clients can choose fresh, healthy food twice per month

• Individualized Case Management
  ➢ Deliver personalized case management with a Program Manager at least once per month. Members develop a FreshStart Plan to set goals and then monitor those goals each month with the Program Manager. Linkage and referral services to education, training and employment are also provided.

• Wrap-around Programs And Services
  ➢ Provide additional programs and services, such as employment readiness, Cooking Matters classes, and nutrition education to help members reach their FreshStart goals.

We describe each of these components in detail below.

I. Creating a Culture of Customer Service

In Hartford, an area of the city is pejoratively dubbed “Pantry Row” because the long lines of people waiting for food often snake down the street and around the block. This type of situation is not limited to pantry services, however. Clients or potential clients stand in line and wait, often for hours, for most types of social assistance. While pantries may serve food, chronic food insecurity is part of a much larger problem – poverty – and the array of assistance needed to overcome poverty is usually overwhelming. Social services designed to aid the poor are challenging for clients to navigate, and require significant time, energy and willpower to apply for, receive and manage. Living in poverty is debilitating, not just because of the economic constraints, but also because the process of seeking assistance and the support to move out of poverty is disempowering.

Photography by Nicolette Theriault, 2011
When we designed Freshplace, we sought to create a place that was completely client-focused and driven by individuals’ actual needs, rather than perceived needs. We wanted to eliminate lines and celebrate achievements instead of focusing on overwhelming problems.

**Members Welcome**

In order to create a welcoming atmosphere where members do not wait in line, we made a very conscious decision to cap the number of people we would be able to serve at one time. This is very different from traditional pantries that seek to serve as many people as possible. Our goal is to impact 100 families *in a deep and meaningful way* over the course of 15-18 months.

Freshplace goals help define our target population. We are developing a neighborhood resource and building community capital through Freshplace and its wrap-around services; therefore we limit membership to residents living in the Freshplace neighborhood (which includes three zip codes). We assist individuals who want to improve their job readiness and financial stability; therefore we target families with working-age adults. We support individuals in developing their life skills; therefore we welcome individuals with a sincere desire to become more self-sufficient. While we recognize that many types of individuals experience hunger, including homeless, seniors, those battling substance abuse and others, our goal is to help Freshplace members to help themselves. Therefore, we limit our services so that we may more fully serve those that are prepared to move ahead. People who are only interested in coming to receive food are directed to other traditional area food pantries that they may visit.

Existing pantries that want to transition to the Freshplace model will need to make decisions about how to shift from serving everyone to establishing criteria for serving a smaller group of people with more extensive services.

**Eligibility – How Many People To Serve?**

The Freshplace program intentionally sets a limit of serving 100 families at any given time in order to provide individualized case management for each member. By deliberately limiting the number of families we serve at any given time, we are able to provide more concentrated, individualized services, resulting in deeper, more meaningful positive impact. Typically, our Freshplace members are between the ages of 18-50 years and participate with the program for 15-18 months. Freshplace members must be willing to work on goals to improve the quality of their lives, by working on their self-identified FreshStart goal plan. This goal plan is developed during the initial intake meeting between the individual and case manager.
**Hours of Operation**
Members can schedule appointments for shopping and to meet with the Program Manager on Tuesdays, Thursdays and Saturdays from 10 – 2. Freshplace is open Tuesday through Saturday for shopping hours, member services, and for deliveries of product from our local food bank and other programs. We purposely chose some weekend hours to accommodate working families.

**Client Choice Pantry - Shopping With Dignity**
Freshplace is designed as a client-choice pantry where members choose their own food such as they would at a grocery store, rather than having bags of food pre-packaged for them by pantry staff, which typically occurs in traditional food pantries. Members are first greeted warmly and then use a small grocery cart to “shop” through the aisles. Freezer cases and refrigerated produce bins are filled with a variety of meat, dairy, fruit and produce, and dry goods and other pantry staples are displayed on open metal shelves.

Client-choice pantries help instill dignity by empowering clients to select their own foods. Generally a variety of foods are displayed and the individual is able to “shop” the aisles for the items they want to take home. For pantries with limited space, clients can be provided with a “menu” or list of the foods available and make their selections by “ordering” from it.

In addition to creating a more welcoming and client-centered atmosphere, client-choice pantries also are more efficient distributors of food. When clients receive pre-selected bags or boxes of food, they frequently end up with items that they are unable to use. Frequently, despite a pantry’s intentions, issued food items simply can’t be used by their recipients. Limited cooking facilities, dietary restrictions for health or religious convictions, personal tastes, and family demographics all make many foods unusable in certain households. Unused items are thrown away or go to waste - a terrible irony for the pantry volunteers who work to pack the food bags!

How Does Client Choice Benefit a Pantry?
- Creates an atmosphere of respect - clients are empowered to make their own food selections
- Reduces cost – pantry dollars are used only for foods that will be eaten, not thrown away
- Reduces inventory - pantries do not need to supply one of every item to each client
- Reduces volunteer labor – volunteer resources may be directed toward engaging clients
- Reduces waste- unwanted items are not distributed
- Improves inventory management – staff learn what items are most popular with their clients and are thus able to tailor food procurement
- Improves interactions between clients and staff/volunteers

For additional resources on how to convert a traditional food pantry into a client-choice model, please see the Additional Resources section and page 45.
Scheduling Appointments
The cornerstone of the Freshplace program is the relationships between members, staff and volunteers. All members who come to Freshplace receive personalized attention. Staff and volunteers try to see the best in members, interact with members with respect, and focus on strengths rather than weaknesses.

We do not want our members to feel like a “number” in a long line of people waiting to receive services. Instead, members come to Freshplace with an appointment, either for food, case management, classes, or wrap-around services. Members do not wait, but are expected and greeted by name as neighbors and friends. The Freshplace model helps build confidence so clients can work toward longer-term goals rather than simply short-term food.

At Freshplace, members make appointments to “shop” for food and review their FreshStart plans. Members may select food from the pantry twice per month and review their progress towards their FreshStart plans at least once per month.

Priority of Fresh Food
Malnutrition is a health consequence of food insecurity. Many people who go to food pantries have limited access to healthy, affordable food such as fresh fruits and vegetables. Parents experiencing food insecurity serve fruits and vegetables less often than food secure parents, which may contribute to a greater prevalence of chronic disease. When food is limited, individuals report overeating or eating foods they dislike to compensate for periods without food.

Many food pantry clients are struggling with chronic diseases (such as diabetes, high blood pressure and high cholesterol) and often do not have the ability to access and afford healthy food. Therefore, it is important that foods distributed by pantries provide optimal nutrition, rather than contributing to additional negative health problems.

“I think that they have good nutritional goods and it’s almost like going to the supermarket. They do a good job of selected good quality food. People there care about if you come, and are consistent. They will help you in any way that they can.”
-Freshplace Member
At Freshplace, we serve a wide variety of fresh foods, including meats, vegetables, fruits, and dairy items. Nutrition education programs and co-shoppers encourage Freshplace members to select fresh, healthy items in addition to the more traditional shelf-stable pantry fare. Our research shows that, as a result of these efforts, our members consume significantly more fruits and vegetables over time, as compared to a group of similar “traditional pantry” clientele.

**Co-Shopping**

As a member makes his or her selections, they are paired with a Freshplace volunteer “co-shopper”. The co-shoppers help by suggesting available foods, filling bags, and recommending items. The co-shoppers are also friendly and familiar faces, chatting, and sharing news and information. Freshplace members co-shop with volunteers trained to facilitate nutrition education re-enforcement, needs assessment, and supportive coaching. Volunteer co-shoppers provide recipes, cooking tips and recommendations on food preparation. When members “shop” for food at Freshplace, the co-shoppers also are able to provide information on any item limits, encourage members to try new things, and recommend food pairings and preparation ideas.
**Designing a Food Pantry for Customer Service**

The design of Freshplace was intentionally set up to look like a grocery store, with bright colors, and open spaces. The office for the Program Manager has windows on three sides to provide an open, transparent atmosphere, while still allowing privacy with a closed door for meetings. We genuinely want Freshplace members to self-select their foods. All food is displayed on open shelving or behind glass refrigerator doors operated by our members. Fresh food is stored in open bins inside a grocery produce cooler. Dairy and other refrigerated items are stored in upright, industrial-sized refrigerators with sliding glass doors. Frozen items and meats are kept in a similar freezer. Our shelf-stable items are displayed on open, rolling shelving units.

**II. Individualized Case Management**

The second core component of what makes Freshplace different from other food pantries is the personalized case management provided to members. Because food pantry clients are struggling with poverty, we anticipate that many Freshplace members will feel that they have little control over their life circumstances. The emphasis of the Freshplace program is to help members feel confident that they can make changes, and to provide opportunities for them to take advantage of services and programs to improve their lives.

The Program Manager (with support from volunteers) helps members set small achievable goals for making changes that, if accomplished, will boost their confidence in coping with similar problems in the future. The Freshplace model creates an atmosphere that helps increase members’ feelings of self worth and their ability to make changes in their lives. The Freshplace model helps build confidence so clients can work toward longer-term goals.

The individualized case management at Freshplace is designed to help people help themselves, by helping people increase their education, improve their housing situations, address legal issues, or gain access to affordable child care. Traditional pantries provide passive food assistance; Freshplace encourages a proactive approach so that members may improve their own lives.

> Freshplace helps members help themselves by identifying and strengthening skills to reduce barriers for becoming self-sufficient.

> “Everybody is talking about Freshplace, that it’s helpful to the family. You can’t just run in, you have to make an appointment. There is respect there.”
> -Freshplace Member
Freshplace is not a “one size fits all” program. Many individuals in need of food assistance are not eligible or not ready for the type of services that we provide. Potential members are screened for eligibility and for their willingness to develop and work on their personal FreshStart plans. Once accepted into the program, staff monitor and support members’ progress with their FreshStart plans, with the eventual goal of graduating from Freshplace. In some cases, members may be discharged early due to lack of progress, but most members progress towards graduation within 15-18 months.

Screening:
1. Initial phone call to the Freshplace intake line
2. Staff follow up with a pre-screen phone call, assessing potential member needs, reviewing program goals, and providing a Freshplace membership application
3. Staff review applications and schedule an initial intake meeting
4. Face-to-face intake evaluation and begin working with the member to develop their FreshStart Plan
5. Intake staff are expected to describe Freshplace program goals and the level of service to be provided to the potential member

Discharge Planning:
1. Discharge planning begins at least three months prior to Freshplace members’ anticipated discharge. (Typically discharge occurs after 15-18 months.)
2. Discharge may occur if a Freshplace member misses more than two appointments, without contacting Freshplace.
3. Unplanned discharges may occur when the member stops engaging in services.
4. Re-admission to the program is only at the discretion of the Program Manager.

At Freshplace we use a variety of forms to assist staff with the initial screening, FreshStart plan development and monitoring, and eventual graduation or discharge. These forms can be found in the chapter titled “Our Toolbox”.

Stages of Change Model
Our approach is based on the Stages of Change model, and Social Cognitive Theory, which provide the foundation for many types of social service and public health programs. In the Freshplace program, we recognize that helping people make behavior changes is a process that involves stages.

After 12 months of Freshplace Membership:
• 44% of members obtained part-time or full-time work
• Average wage of $11.17 vs. 2013 CT State Minimum wage of $8.25 per hour

Photography by Chrysalis Center, 2011
To help members increase their food security and self-sufficiency, it is important to understand how ready people are to make changes so that we can tailor information, programs, and services that will be most beneficial to them. Research shows that programs that match services and information with the appropriate stage of readiness are more effective and more sustainable than programs that apply a “one size fits all” approach.11

Social Cognitive Theory focuses on an individual’s self-efficacy (confidence in their ability to make changes in their life), and their ability to be an agent of their own change. This model suggests that people’s ability to make a change in their life varies according to their self-efficacy, abilities, and readiness for change; hence services are most effective when tailored to these factors. Freshplace staff seeks to tailor services and information to each member’s stage of readiness to increase self-sufficiency and become more food secure.

While this model is used directly by the Freshplace Program Manager during individual case management sessions, this philosophy is used far more broadly throughout Freshplace. It is a key component of our facility’s infrastructure, which dictated program design, architectural decisions, and our operational approach in how we train and deploy our staff and volunteers.

DiClementi’s Stages of Change Model

Additional Information for the Stages of Change Model:
http://www.prochange.com/transtheoretical-model-of-behavior-change
Program Manager
The Freshplace model creates an atmosphere that helps increase clients’ feelings of self-worth and their ability to make changes in their lives. The Program Manager provides motivational interviewing to identify clients’ goals and discusses ways to overcome barriers. This person-centered approach helps build economic empowerment.

Any food pantry program that plans to adopt the Freshplace model should have a professional Program Manager, or dedicated volunteer to act in this capacity, and ensure that they will be trained in motivational interviewing. Trainings for Motivational Interviewing typically run for 1-2 days.

A Fresh Start – Case Management
One of the main outcomes we want members to achieve at Freshplace is self-sufficiency – to be more able to make ends meet without relying on food pantries or other forms of support. A key component of this effort is individualized case management. During their first visit to Freshplace, each member makes an appointment with the Program Manager to discuss their individual goals for becoming food secure and self-sufficient. They identify the goals as part of a FreshStart Plan. (See the Freshplace Member Assessment Form in the Appendix.)

All members meet at least monthly with the Program Manager to develop a FreshStart Plan to identify and monitor their goals. During the initial session, the member and Program Manager discuss goals, expectations and potential barriers for becoming food secure and self-sufficient. This involves developing concrete target behaviors with small achievable goals to accomplish by the next month (such as receiving nutrition education, attending GED classes, and applying for Supplemental Nutrition Assistance [SNAP]/food stamps). The Program Manager uses Motivational Interviewing techniques to reinforce positive behavior and provides one-on-one social support throughout the process.

Each counseling session lasts approximately 30 minutes. The Program Manager and member identify goals in 12 different areas that they plan to work on, and the Program Manager determines their stage of readiness for making changes. They discuss the member’s motivation for change and potential barriers the member may have for making these changes. The Program Manager will discuss potential barriers and facilitators for reaching small goals by the next session.

Ideally, the Freshplace model of case management is provided over a period of 15-18 months, with sessions every 2 weeks for the first 2 months, monthly sessions during months 3 – 6, then follow-up sessions as a “booster” through the remainder of the cycle.
Motivational Interviewing

At Freshplace, we believe that while we may have ideas on how people in general can change their behavior, the member is the expert on how they themselves can change. Each member is unique in what motivates them to change, and we believe that our members have important insight and ideas on how to solve their own problems.

It is the individual’s personal responsibility and choice whether or not to change. A common mistaken assumption made by social service providers is that the client should change or that the client wants to change. Assessing how much a person actually wants to change is crucial to success.

Motivational Interviewing techniques reinforce positive changes and provide social support. Commonly used as a counseling style to treat addictions, Motivational Interviewing is nonjudgmental, encouraging, client-centered, and goal-driven. This counseling technique also conveys confidence, trust, respect, and reinforces members’ feelings of self-worth.

Many members are ambivalent about change, and they may have very good reasons for not changing their behavior. It is important for us to understand those reasons. Additionally, allowing members to discuss their situation (such as housing, mental health, or legal issues) can paradoxically serve as a catalyst for positive behavior change. Furthermore, a member is more likely to adopt healthy behaviors if they “want to” rather than if they are “told to.”

It is important to work at a pace that is sensitive to the member’s needs and their readiness to change. It is critical to provide nonjudgmental feedback and information to maximize the member’s motivation to make changes in his or her life. The role of the Program Manager is to understand the member’s feelings and perspectives without judging, criticizing, or blaming.

By showing respect for the member, the member’s self-esteem is supported, which frees them to change.

Key Elements of Motivational Interviewing

1. Acknowledge personal choice
2. Respect the person as the expert
3. Ask simple open-ended questions
4. Use skillful reflective listening
5. Embrace ambivalence
6. Avoid arguing, confronting, and pressuring the client into action
7. Support a client’s right to choose
8. Work at the client’s pace
9. “Roll with resistance” to change
10. Avoid being judgmental
11. Adopt an attitude of acceptance and respect
12. Support and increase the client’s self-efficacy and their ability to cope with obstacles and succeed at change
13. Negotiate goals that are realistic and attainable

For additional resources on Motivational Interviewing, please see our references and resources.
Acceptance refers to “understanding” the member’s perspective without necessarily approving or endorsing their behavior.

It is critical that the member be successful in their efforts to reach their own goals so that their self-efficacy and motivation to change increases. Therefore, it is important that realistic goals be chosen. This may mean choosing smaller short-term goals at which the member can succeed rather than large behavior change goals at which they will fail.

In the chart on page 62, we describe the stages of change, and provide examples of the techniques that we use to facilitate behavior change, along with specific examples from the Freshplace program for how we are helping members move through the stages of change.

**Linkage And Referral To Existing Services And Programs**

To help members reach their goals, the Program Manager will refer them to available programs within the community and monitor whether the member is participating in existing programs. A standard checklist of available programs is helpful to document whether the member knows of the program, participates, and if not, why they choose not to. The checklist can be referenced at monthly meetings to track progress.

Federal food assistance programs, particularly SNAP, are the first line of defense against hunger. Other federal programs, such as the Earned Income Tax Credit, and other non-food programs such as Energy Assistance, can help families save money to be used for food. Program Managers will provide tailored information and motivation for participants to enroll in these available public programs, and will document whether they have participated.

The Program Manager provides referrals for a list of 12 available programs such as SNAP, 211 Navigator, energy assistance, and budget coaching. (A copy of our standard checklist is included in this manual in the chapter titled “Our Toolkit”.) To further streamline our linkage and referrals, we schedule periodic visits to Freshplace by the City of Hartford’s Department of Social Services mobile unit, which allows members to directly enroll in many of these programs on-site.

Freshplace also partners with local Masters in Social Work programs at local universities to place MSW students at Freshplace to receive practical hours toward their degree. The students work with the Program Manager to provide individualized case management and receive hands-on training by a skilled case manager. Other food pantries hoping to provide case management may want to contact local universities to see if they have such a program.
III. Wrap-Around Programs and Additional Services

The third key component of Freshplace is additional programs and services based on the individual goals set by members as part of their FreshStart Plan. The programs and added services are intended to help members reach their goals. It is NOT our intention to recreate the wheel or duplicate services, but to complement existing services within the community.

Freshplace is based on a core curriculum that all members are offered at the start of the program. This includes a menu of programs and classes addressing food security (SNAP, WIC, school meals) and the root causes of poverty (unemployment, inadequate housing, limited education). The curriculum ensures that all members receive a standard program that can be easily described and translated for use in the future and replicated by others. The purpose is to achieve individualization and flexibility within the context of a common protocol applied to all members in the program. The program stresses the importance of short-term goal setting for successful behavior change.
Not all food pantry programs that want to introduce the Freshplace model into their pantry will be able to offer all parts of the curriculum, at least initially. Our goal is for pantries to move along the continuum of services, from converting to a client choice pantry, to offering individualized case management, to offering additional services and programs. Similarly, not all members of Freshplace take advantage of all programs and services. All members are offered this curriculum, but their participation in programs will differ based on their life circumstances and particular goals.

**Nutrition Education**
A goal of Freshplace is to provide healthy, nutritious food to members, with an emphasis on fresh produce. Nutrition education can be helpful to encourage members to select these foods and prepare them at home.

Freshplace offers two classes that build skills addressing food security and healthy eating. *Cooking Matters* and *Shopping Matters* are classes developed by the national program Share Our Strength to teach low-income families how to shop and cook on a budget. The Community Health Network of CT Foundation provides local funding for Cooking Matters and Shopping Matters. Food pantries in other states or regions would need to check with Share Our Strength to see if there are local programs nearby. Both *Cooking Matters* and *Shopping Matters* have been conducted in communities around the country and have shown positive outcomes among participants.

**Cooking Matters**
Implementing Cooking Matters classes at the pantry can help empower families with the skills, knowledge, and confidence to prepare healthy and affordable meals. With the help of volunteer culinary and nutrition experts, Cooking Matters participants learn how to select nutritious and low-cost ingredients and prepare them in ways that provide the best nourishment possible to their families. Participants learn important lessons about self-sufficiency in the kitchen, as they practice fundamental lessons including knife skills, reading ingredient labels, cutting up a whole chicken, and making a healthy meal for a family of four on a $10 budget.
Shopping Matters

Shopping Matters is a one-day program, which leads participants on a grocery store tour. Participating families learn how to make healthy food choices on a limited budget when shopping for food. The program teaches low-income families four key food shopping skills: buying fruits and vegetables on a limited budget, identifying whole grains, comparing unit prices, and reading food labels. Skilled facilitators with varied backgrounds lead the 60 - 90 minute tour: culinary professionals, health professionals, WIC coordinators, Head Start staff and teachers.

Nutrition Education Provided by College Students

At Freshplace, we have also partnered with nutrition students from local universities, including the University of Connecticut and University of Saint Joseph, who provide hands-on nutrition education on days when clients shop at Freshplace. These students provide taste-testings and recipes for seasonal produce at Freshplace, and also nutrition information about healthy eating. Other food pantries hoping to incorporate the Freshplace model should contact local universities to partner with nutrition students.

Additional Services

Freshplace enables its members to have access to computers and provides assistance with resume writing and job searches. There are two computers on-site that members can use, with or without an appointment. Freshplace staff provide employment and financial coaching. Resources include help with resumes and linkages to programs aimed at increasing job readiness and training. Some financial literacy services, including budget coaching, are also provided on-site or through referrals to related programs.

Freshplace Members gained employment in multiple fields:

Health Aids, retail, maintenance, food services, general labor, CNAs, warehouse, secretarial, assistant

Crockpots and More

In addition to our food distribution and nutrition programs, Freshplace also provides our members with some added support for meal preparation. As discussed earlier, many of our members have had limited experience with meal preparation. In some cases, this is due to the fact that area low-income housing is not always equipped with a full or working kitchen. Generous donors have held “crockpot drives” on behalf of Freshplace. The crockpots are provided to members who are interested along with crockpot cookbooks.

Photography by Katie Martin, 2011
Part 3: Getting Ready

Shifting To A New Approach

Any agency that plans to incorporate the Freshplace model needs to first determine whether or not they are prepared to fundamentally shift their approach. Are you willing to change from a model of serving as many people as possible to providing intense, individualized case management to fewer people? Will you shift your emphasis from distributing the most pounds of food possible to focus on customer service and support? The first model helps people temporarily, while the second model provides opportunities for creating a deep and lasting impact on those we serve.

This is not a change that is made lightly, however. Any pantry considering such a change will need to be prepared to advocate for their position with their current managing directors, supporters, donors, and volunteers. Additionally, in preparing to make such a shift, food pantries should:

- Begin with an assessment of community partners who will work collaboratively on this project.
- Determine if they have the capacity (e.g., staff, volunteers, leadership) to incorporate the Freshplace model.
- Consider how case management aligns with their mission or philosophy.
- Consider infrastructure changes/upgrades necessary to move to client-choice and fresh food operations.
- Consider processes to phase out the current operational status quo and prepare clients for the shift.
- Evaluate current clients and recruit new members ready for a FreshStart.
- Deliver case management within the framework of assessing a client’s needs, developing a plan, assisting with connection to services, and monitoring/changing the plan.

Freshplace Model Checklist:

- Get buy-in from pantry staff, board members, community partners and funders
- Shift pantry to client choice
- Train volunteers
- Identify a case manager
- Train case manager in Motivational Interviewing
- Determine operating hours
- Set eligibility criteria
- Identify and secure sufficient funding
- Develop inventory supply and storage procedures for a smaller population
- Revamp program marketing to emphasize the new model
- Attract potential members
- Organize an introductory meeting
- Explain requirements and time commitment
- Distribute application form
- Begin Screening process
- Start monthly case management appointments
Collaborating

A distinguishing characteristic of Freshplace is the strong and long-lasting partnerships that bring diverse talents and resources to the table. The agencies that founded Freshplace are not unique to Hartford, CT, however. Most communities have similar agencies that could be invited to the table to build similar collaborations. The following are the major types of organizations involved with Freshplace, most of which have counterparts in communities around the country:

- Social Service Agency
- Regional Foodbank
- Volunteer Agency, such as a Junior League
- University Partnership
- Funding from United Way or Community Foundation

As a group, we are stronger and more effective than as individual organizations. Each agency brings unique experience, perspective, volunteers and supporters to the table.

Genuine collaboration within the non-profit world can be challenging. Organizational missions do not always align smoothly. Competition for limited funding and volunteer talent is also a real and difficult hurdle. However, the following are suggestions for developing effective long-term community partners.

We encourage others who want to use the Freshplace model in their pantry to first develop relationships with similar partners in their community. Share this manual. Start the conversation about a different approach to solving hunger, away from short-term assistance to long-term self-sufficiency. Identify who is interested in working together and determine what resources and experience each group can bring to the table.

Photography by Carolyn V. Hoffman, 2010
Collaboration does not happen quickly. For Freshplace, the founding agencies initially spent more than two years developing our vision, gathering support and raising funds. We strongly urge collaborating agencies to negotiate letters of agreement outlining each partner’s commitments to the program. You should expect there to be hiccups and missteps along the way. Developing a clear understanding of roles as well as the terms of participation will help to avoid some pitfalls. Expect to work together for several years. Any community collaboration, like a good marriage, requires work, patience, and mutual respect.

**Staff and Volunteers**

Food pantries rely on their dedicated staff and volunteers. When considering a shift towards the Freshplace model, it is important to consider how these operational changes will impact your personnel and their relationships with those you serve.

**Program Manager and Professional Staff**

At Freshplace, our full-time Program Manager is a critical component to our success. Fully trained as a case manager, the program manager is also adept at Motivational Interviewing and positive role modeling. In order to effectively adopt the Freshplace model, there should be at least one designated staff or regular volunteer position that is fully trained in Motivational Interviewing to provide case management. This person will serve as the point-person designated to meet every 2-4 weeks with every member.

The Program Manager also should have well-developed managerial and supervisory skills to oversee rotating volunteers, interns, and service providers (for nutrition, financial literacy, or employment coaching courses). It will be the Program Manager’s responsibility to work with members to identify these wrap-around service needs for the pantry’s clientele. He or she does not need to be an expert in all of these subjects, but will oversee volunteers who coordinate these wrap-around services.
Beyond these professional talents, the Program Manager also sets the overall tone and mood for Freshplace. Therefore, many “softer skills” are also equally important. Seek a Program Manager who is friendly and engaging. A personality that is cheerful and connects easily with others is far more important to creating a welcoming, supportive atmosphere than the physical space.

At Freshplace, in addition to the professional Program Manager, we also rely on another part-time staff member who oversees volunteer coordination and staffing. This process is largely automated via on-line volunteer scheduling software. While our system is part of a larger on-line platform, many volunteer scheduling programs are available on-line for free or very low cost, including VolunteerSpot.com, YourVolunteers.com, VolunteerHub.com, and others.

**Volunteers**

At Freshplace, we have a core group of dedicated volunteers who co-shop with members on Tuesdays, Thursdays and Saturdays. In addition, we seek volunteers who are able and willing to work a relatively consistent schedule. In this way, volunteers who work once a month during the Tuesday shift, for example, develop a relationship with the members who visit on Tuesdays, and so on. When members arrive, they can begin to expect to see the same faces, and volunteers look forward to their “regulars”. This fosters a greater sense of community and accountability for all involved.

While the primary role of the volunteer is to assist a member’s shopping experience, a more subtle, but crucial part of this job is education and social support. Most Freshplace members have grown up and lived most of their lives on a very poor diet. Freshplace offers foods for a wholesome diet with many, many choices. Our co-shopping volunteers educate and encourage members to try new things, while also providing guidance on how to prepare healthy meals for themselves and their families.

Because the role of a Freshplace volunteer involves closer contact and deeper interaction with our members (as compared to work in a typical pantry handing out food bags), volunteers need training in their support role. We
provide an orientation process for new volunteers intending to work with members, and we seek volunteers who enjoy this closer interaction. Nonetheless, volunteers can sometimes be vulnerable, so a portion of our training focuses on setting appropriate boundaries and personal security. Volunteers are never alone with members. At the same time, members are never overwhelmed by an army of volunteers.

A typical Freshplace volunteer shift runs for four hours on the days that we are open for members. Three volunteers serve as co-shoppers during each shift. In addition to the co-shopping duties described above, volunteers help greet members arriving for their appointments, help bag members’ groceries, and do light re-stocking and paperwork.

Freshplace also utilizes volunteers during the days and times when we are not open for member appointments. These shifts may run 2-4 hours or longer and focus on food deliveries, restocking, and pantry clean up, etc. During these periods, we often work with volunteer Freshplace graduates, or individuals who prefer these quieter periods.

While most often volunteers come as individuals, we do frequently work with groups of volunteers on Fridays and Saturdays. There is always cleaning, food sorting, assisting members with on-line research for employment searches, apartments, or related needs. Volunteers also research easy recipes for use as teaching tools.

**Food Sources and Supply Chain Partnerships**

Foodshare, the regional food bank for greater Hartford, is one of the founding members of the Freshplace collaborative and has been a driving force behind the incorporation of pantry best practices at our facility. Foodshare also serves as the main source of the food that we distribute. Nonetheless, we do not rely solely on food bank supplies.
Several local grocery stores, local gardens, and markets also provide quality foods to our pantry. These sources generally provide fresh foods like bread products, deli, or other supplies that must be used in a timely fashion. We rely on volunteers to pick up our grocery store donations three times a week. As of summer 2014, we estimate we are getting approximately 4,000 pounds of food/product each month in this manner.

**Families Feeding Families**

Families Feeding Families is a Freshplace initiative used to build community awareness and support while also soliciting goods to stock our pantry shelves. Generally speaking, community food drives are a less efficient means of collecting food than collaborations with food banks and other large scale suppliers. However, food drives also promote awareness of community needs and pantry programs. Through Families Feeding Families, we seek out community and business groups such as churches, clubs, scouting troops, corporate business units/departments, etc. willing to commit to Freshplace on an on-going basis.

Freshplace can and does receive products from Foodshare, our local food bank, to stock the pantry shelves. Handling fees are charged for many of these products on a per pound basis. The Families Feeding Families program focuses on donations of heavier weighted products such as canned fruits and vegetables, bottled juices and canned meats in addition to products such as cereal, pancake mix and canned soups. Donations of these heavier items help to reduce the handling fees and thus the overall operating costs for Freshplace.

The program requires an annual commitment by individuals or groups for food deliveries on a set, periodic basis of one specific shelf-stable food of their choosing. Freshplace needs over 38,000 units of non-perishable food on a monthly basis. The food spans 22 different categories of consumables from canned goods to cake mixes. As an example, a participating group may select canned tuna, and then commit to providing 50 cans to Freshplace each month for a calendar year. The group organizes the food collection and delivery to Freshplace on a set day each month. Often, the group’s members may also choose to work a volunteer stocking shift together and/or provide small monetary donations in addition to their monthly foods.

Donations vary greatly in size from 10 units per month from an individual to larger donations such as cases of toilet paper from groups or corporations. Donations are generally made on a monthly basis but quarterly donations are also accepted. The program requests that food containers are not glass or #10 size cans.
Part 4: Gathering Support

Adopting a New Mindset

Describing the Freshplace model to others may be a tough sell at first. Critics may have concerns, questions, and doubts. It is difficult to shift from the idea of providing a food handout to “everyone”, to providing a genuine “hand up” to a few people at a time. At first, we also found this to be a challenge for staff, volunteers, and funders. However, our results show the wisdom in this shift. Our experience is based on years of first-hand success stories from members, and evidence from a rigorous, university-led, controlled evaluation.

It is important to remember that during the last three decades when the numbers of food banks and food pantries have grown tremendously, the number of Americans suffering from food insecurity has increased. If the vast charitable network of food pantries, operating in the traditional manner were solving the problem of hunger, we wouldn’t need a new model.

For most food banks and food pantries, success is measured by pounds of food delivered and the total number of people served. While efficient to measure, solely focusing on pounds of food is not effective at reducing food insecurity. Food insecurity has many causes. It is rooted in poverty and therefore solutions must address these underlying causes rather than providing short-term Band-Aids.

Building Your Case

In many cases, we found that it was relatively easy to convince our funders of the need to shift away from traditional pantry operations. This is partially due to the current trend within community foundations of focusing on success measures and outcomes. Distributing hundreds or thousands of pounds of food each month is of limited value if the end-users remain in crisis. Without addressing the interconnected reasons behind an individual’s food insecurity, the situation is unlikely to improve. In this context, providing additional food only serves to continue the cycle of dependency. The Freshplace model breaks the cycle by responding to the immediate need (food) AND addressing the root causes (poverty), while also building individual self-efficacy – their own skills at responding to future crises.
Selling the idea of this shift was much more challenging when it came to individual donors and volunteers, however. Human beings are naturally empathetic and it is hard to recognize the need to turn people away from services. We cannot serve everyone in need at once. One-on-one case management services are time and resource consuming, but these methods work.

Value Of Community-University Partnerships

As existing food pantries plan to partner with other existing community-based organizations, they may want to consider partnering with a local college or university, particularly with a Department of Social Work, Nutrition, or Public Health. Community-university partnerships have the potential to blend practical programming expertise with rigorous evaluation. These types of partnerships take time to develop, to build trust, and to align expectations.

Academic partners should be willing to listen to the needs of the community partners, provide timely feedback about research findings, and stay committed to the project for an extended period of time, for example, beyond one semester, and preferably over several years.

Here are a few examples of potential activities that can be conducted with an academic partner:

- Nutrition education provided by students studying to become Registered Dieticians, or through the SNAP-Education program
- Research projects to conduct focus groups, collect demographic information about clients, or pre-post evaluations
- With the support of a qualified supervisor, social work students could provide case management with clients to build direct service hours
- Food pantry settings can serve as important settings for student community service hours for cooking demonstrations

The Freshplace study conducted by researchers at the University of Connecticut was the first rigorous evaluation of a food pantry program. More research is needed to document whether other food pantry programs are effective at reducing food insecurity, improving diet quality, building self-sufficiency and improving health outcomes.
If you are interested in partnering with a local college or university, here are a few suggestions to assist the process.

- Identify departments or programs within your local universities that are related to your food pantry mission, such as Nutrition, Health Sciences, Social Work or Public Health.
- Contact faculty members within these departments and ask to meet with them to discuss your program and the potential for a research partnership.
- Share results from the Freshplace evaluation (such as this Manual, and references in Part 5, below) as an example of a community-university partnership.
- Discuss possibilities for partnering with one another, such as a community setting for student outreach, or a community site for a longer-term research study.
- Be prepared to commit time for developing this partnership.
Part 5: Making the Grade

Evaluation and Results

The Freshplace program was rigorously evaluated with a randomized, and academically monitored study; results are overwhelmingly positive and demonstrate the efficacy of our approach. Freshplace is changing the conversation about hunger from providing “emergency” food to helping clients gain skills that address the multifaceted causes of food insecurity.

Methods

Between June 2010 and June 2011, a research team from the University of Connecticut, led by Dr. Katie Martin, recruited 228 adults to participate in the food pantry study to compare people going to the Freshplace program with a control group of people going to traditional food pantries. Participants randomized to the program were invited to go to Freshplace and were given a scheduled appointment. Participants randomized to the control group continued to receive food from traditional food pantries. All study participants completed follow-up surveys every 3 months for 18 months. Data collection for the randomized control study was completed in December 2012.

All study participants received incentives of $10 at baseline data collection and 12 months, and $5 for the quarterly data collections. Response rates for data collection ranged from 63% - 69% for the quarterly surveys.

Data Analysis

The main study outcomes were food security, self-sufficiency, and fruit and vegetable consumption. To measure these outcomes, we used existing validated survey instruments. We also collected detailed information on household demographics, food assistance participation, body mass index using height and weight, and self-reported health status.

Household food security was measured using the validated USDA Food Security Module, which consists of 18 questions that ask with increasing severity about a household’s experiences with
food insufficiency. For example, “in the past 3 months did you ever worry that your food would run out before you got money to buy more?”, “did you ever cut the size of your meals or skip meals because there wasn’t enough money for food?”, and “were your children not eating enough because you just couldn’t afford enough food?”.

Self-sufficiency was measured using the Missouri Community Action Family Self-Sufficiency Scale, which includes ten scales that assess levels of education, employment, income, physical health, mental health, housing, health insurance, childcare, transportation, and psychosocial stress. Each of the ten scales is scored from 1-10 for a total score of 100. For example, for education, a score of 1 represents completion of 9th grade or less; a score of 3 is enrolled in General Educational Development (GED) classes; and a score of 7 represents high school diploma or GED. The Scale was created to assess self-sufficiency progress of families served by case management programs, and to provide information for program evaluation. The scale assesses small steps along the continuum to self-sufficiency, capturing progress in ten areas.

The Block Food Frequency Screener, a validated tool for measuring usual dietary nutrient intake over one month, was used to assess fruit and vegetable consumption. This screener measures fruit and vegetable intake, and provides nutrient estimates that correlate with the “gold standard” 1995 Block 100-item Food Frequency Questionnaire. Portion sizes were not included.

Data analyses were conducted using statistical software called SPSS. We used multivariate regression models to predict the three outcomes, controlling for gender, age, household size, and income.

**Results**

Over one year, Freshplace members were less than half as likely to experience very low food security, increased self-sufficiency by 4.1 points, and increased fruits and vegetables by one serving per day compared to the control group. All outcomes were statistically significant.

Our Published Work on Freshplace:


- Robaina K, Martin K. Food Insecurity is related to Poor Diet Quality and Obesity among Food Pantry Participants in Hartford, CT. *J Nutr Educ Behav.* 2013 Mar; 45(2): 159-64.

This is the first study to measure changes over time in food security, self-sufficiency and diet quality in a food pantry population, and results were strong and sustained over one year.

At the beginning of the study, half of the study participants experienced very low food security, which occurred despite the majority of our sample going to multiple food pantries several times a week while also receiving SNAP. Over one year, those participating in Freshplace were less than half as likely to experience very low food security compared to the control group. This is particularly promising considering that during our study, research from the U.S. Department of Agriculture showed that the percentage of U.S. households with food insecurity in this severe range increased. The significant improvements in fruit and vegetable consumption among Freshplace members suggest that food pantries can serve as important community sites for improving diet quality and preventing chronic diseases.

Please see the suggested research articles for a full explanation of results in the Additional Resources section.

**How To Collect Data In Freshplace Model Pantries**

If you are interested in tracking your progress and measuring outcomes for your clients receiving case management, we provide some of our survey instruments and tracking forms to assist you in this work.

For the Case Management using Motivational Interviewing, we suggest that case managers use the FreshStart Plan Member Assessment form, found on page 59. Refer to the FreshStart Plan Member Assessment Rating Scales on page 56, which helps the case manager to assign a number for how ready the client is to make changes in each area. The case manager then can track changes month to month, for example, to see if the client is moving from a 1 (not ready to make changes, and in crisis mode) to a 3 (making plans for change, making improvements) to a
5 (receiving services, found a job, thriving). The Rating Scale provides clear definitions of what each number reflects for the topic area.

If you are interested in measuring changes to Food Security, Self-Sufficiency and Diet Quality, we include the full survey instrument we used to evaluate the Freshplace program at the end of this manual beginning on page 81.

Photography by Chrysalis Center, 2010
Part 6: Join the Movement

Food pantries exist in communities nationwide and they have been growing in size and number for over 30 years. Yet even with this vast national network of charitable food programs, food insecurity is a major public health problem. Food pantries were created to treat emergencies. Traditional food pantries focus on needs and provide short-term food supplies to large numbers of people. They have not been designed to help people recognize their strengths or build skills. Many people are now receiving food from pantries on a chronic basis, going to multiple food pantries several times a month or even week. Continuing to distribute more food without addressing the underlying causes of poverty is an approach that has failed to adequately reduce food insecurity. It is time for a new approach to ending hunger. New strategies are needed to address the root causes of food insecurity, such as unstable housing conditions, mental health issues, and underemployment.

The Freshplace model is rooted in the Stages of Change theory, and it is a person-centered approach by allowing food choices with dignity, providing motivation, and building skills and resources so that families can plan for their future.

We recognize that it takes more than food to end hunger – it requires addressing the many underlying issues of poverty that impact a family’s ability to access enough food. Freshplace is changing the conversation about hunger from simply providing food to providing case management, referrals and targeted programs to address the multifaceted causes of hunger.

There is a tremendous amount of people-power involved with donating and distributing emergency food that could be re-configured to offer client choice and provide Motivational Interviewing within food pantries. Existing pantry staff and volunteers can use the Freshplace model to be part of an effective solution to help break the cycle of the food pantry line. We hope that other agencies learn and benefit from our experiences so they can replicate the Freshplace model in other communities.
Part 7: Our Toolbox

Frequently Asked Questions

1. **How can we re-shape our pantry to include a Freshplace model?**

There are three basic components to the Freshplace model – client choice; case management with motivational interviewing; and wrap-around programs services based on individual goals set by the client. Assess your status in each of these areas and where/how you need to improve.

For example, if you currently do not offer client choice, this is an important place to start. Please read the materials for how to reconfigure your pantry to allow clients to choose their own food.

For most pantries, the Motivational Interviewing component will be the most drastic change, and will require a commitment from staff and volunteers, training of at least one person, designated space to provide case management, and a locked file cabinet to store files.

For the wrap-around programs and additional services, these should be shaped based on client needs identified during the case management. Assess the most important needs of clients and then determine which organizations or agencies address these needs.

2. **How could my small budget / no staff organization proceed with implementing some aspects of Freshplace?**

With the appropriate training and management, we believe volunteers can run many if not all aspects of a Freshplace model pantry. Specific training for a case manager, the handling of confidential client information, volunteer reliability/longevity, and the availability of private space for case management will probably be the biggest challenges you’ll need to address as an all volunteer-run, limited-budget organization. There is a tremendous amount of people-power involved with stocking, packing and distributing food that could be reconfigured to allow a few volunteers to provide more one-on-one motivational interviewing and referral services for clients. See page 20 in the manual for specific information about training in Motivational Interviewing and space needs for offering case management.

3. **Our pantry currently provides food at a set date and time. If we change to the Freshplace model does food distribution need to be by appointment only? How do we encourage clients to show up on time?**

One of the most important aspects of the Freshplace model includes treating clients with respect and dignity. Enabling clients to shop during a scheduled appointment time rather than waiting in a line for food will eliminate the stress and stigma associated with receiving charitable food. Although it may not be feasible to schedule appointments for all food pantry clients at first, shifting services in this direction will benefit clients in the long run. For example, you will not be able to provide case management to all clients at first, so you can start by
scheduling shopping appointments for those receiving the case management, and build in the appointment times.

We realize that the lives of those that rely on food pantries are often chaotic and may not be conducive to sticking to a strict appointment schedule. Give clients a window of time in which to shop, rather than an exact appointment time. Encourage them to call ahead if they know they won’t be able to make an appointment and give them several opportunities to re-schedule their appointments before telling them they can no longer utilize services.

4. Our pantry serves more than 100 households per month. Would I need more than one case manager to handle this load?
Yes, 100 households per month are about the limit for a full-time case manager. Many food pantries serve well over 100 households each month, or each week. You will not be able to provide individualized case management to all of these people right away. This is part of the paradigm shift with the Freshplace model. You can continue to offer food to a larger pool of people, and identify a small group to start receiving case management. At Freshplace, we started with about 25 households over 3 months, then added another 25 over the next 3 months, to reach our final goal of 100 total households over one year. The goal is to help clients set goals, build resources, and receive additional community services so they will not need to continue coming to the food pantry. As clients “graduate” from the case management program, you can enroll new clients. This will allow you to continue regular food distribution as you build up the case management program.

5. Do I need to hire a case manager, or can I train a volunteer or volunteers to do this? What qualities should I look for in a volunteer case manager? Is there training available?
No, you don’t necessarily need to hire a case manager; volunteers can fulfill this function (see #2 above). Whoever provides the case management will need to participate in Motivational Interviewing training.

You may want to talk with your local food bank to see if they have or would be willing to hire one or a few case managers who would be trained in Motivational Interviewing, which could be “shared” among a few food pantries. This may enable a few pantries to adopt the Freshplace model without the burden of hiring a case manager on their own. You can also see if there is a Social Work program at a local university that might be able to provide a part-time case manager who could receive community hours at your pantry.

6. Under the Freshplace model, if some of our clients don’t want case management services does that mean we can no longer serve them?
The Freshplace model requires clients receiving food assistance to also receive case management services. The case management piece will enable clients to set tangible goals and become more self-sufficient so that they eventually no longer need to rely on food from the

For information on the qualities of a good case manager:
food pantry. This will involve a phase-in process. We don’t expect that pantries will change their whole programming overnight. You can start by offering case management to approximately 25 clients, and build up the caseload. You should make it clear to your clients that you are changing your services to provide case management and targeted referrals, and that there will a time limit for how long they can receive food after receiving case management. By making expectations clear about your new mission, you can let clients know that if they are only interested in receiving food, they will need to visit other traditional pantries. Other people who are interested in receiving case management can be put on a wait list.

7. What if my pantry clients are getting case management services elsewhere? Won’t that be duplicating services?
We feel that clients can benefit from numerous different services, which is why we provide many referrals to other programs. Providing case management in the food pantry is helpful, but clients may still need more support, depending on their specific needs. Encourage your clients to discuss the various issues they are working on, whether it be with the case manager at your food pantry, or with someone elsewhere. Understanding what other case management your client is receiving will help you recognize the issues they are facing (whether it is for employment, mental health, or housing). From our experience, even when clients are receiving case management elsewhere, they value the services provided by the Freshplace case management team, and it does not duplicate their existing services.

8. How much funding is needed to transition to the Freshplace model? What are some resources I can access for this funding? How much would it cost to run a food pantry similar to the Freshplace model?
Limited funding is required to transition to Freshplace (see #2 above). Donors will generally be receptive to supporting your work to provide food assistance, wraparound services and thus “shorten the line” of people needing to be at your pantry. Funding for greater Hartford may also be available from Foodshare’s Partnership Program. Many funders are looking for documentation of program outcomes rather than just pounds of food delivered. Transitioning to the Freshplace model will enable programs to document client outcomes, which may help attract future funding.

9. Is there a “toolbox” of federal, state, and local programs/services that I can refer clients to, or do I need to develop that on my own?
Locally, United Way of Connecticut’s 211 Navigator is a good resource for programs/services for which a client may be eligible. Investigate your own area to determine if your city has a booklet that offers a list of programs or services. You may also want to keep your own list of particular local programs with which you have a relationship. You can conduct a “community assessment” to identify who is already providing services in your community.

10. How do we help people understand the value of not serving everyone?
It is important to remember, and to explain to supporters and volunteers, that food pantries have been growing in scope and size, serving more and more people, for over 30 years. Yet the numbers of people who struggle with hunger and food insecurity is as high as it has ever been.
The traditional model of serving short-term supplies of food to hundreds of people has NOT solved the problem of hunger, and it never will. It is time for a new approach.

You can refer people to other pantries in your area that do serve everyone and explain that each type of organization has a role to play. To ultimately solve hunger, however, clients need easy access to services beyond just food.

11. I’m afraid we will lose all our volunteers if we change the way we do things. What can we do to make sure that doesn’t happen? Volunteers are already stretched too thin; there would be no extra time for them to do the things that the Freshplace model requires.

Adopt the mindset that you are not doing more necessarily, but rather you are doing it better and more effectively. Restructuring the way you provide services may not necessarily translate to more work. Although more work may be required initially, once you have successfully adopted this new model, clients will begin to benefit, becoming more self-sufficient and food secure and over time may not rely as heavily on your pantry for food. For example, switching to a client choice model may not necessarily require more work for the volunteers, it may just mean arranging the food differently than you have in the past.

Some volunteers may not agree with the mission of the Freshplace model, and may want to continue just serving everyone food. You may lose some volunteers, but you also may gain some new volunteers who appreciate the new approach of providing more sustainable assistance.

12. We can’t provide client choice at our pantry. Can we follow the Freshplace model without incorporating client choice?

No, offering some level of client choice is a prerequisite of the Freshplace model because of the necessary respect and dignity it brings to the whole process of food assistance, case management and client goal setting. Click here for more information on transitioning your pantry to client choice including an evaluation tool to track your progress. Any food pantry, no matter how small, can be converted to a client choice model.

13. How do we get our Board of Directors to support these changes?

Many Boards of Directors take the “long view” on solving hunger, not just wanting to deliver more and more food, day after day, for a problem that persists and, in fact, continues to grow. Many food bank directors, and their Boards of Directors, are starting to question how long they can continue to serve more charitable food to the same people. Your organization can help solve hunger by taking advantage of the opportunity to help clients address underlying causes.
References


**Forms and Assessment Tools**

The following are assessment tools, survey instruments and materials used at Freshplace.

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<th>Page #</th>
</tr>
</thead>
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<td>44</td>
</tr>
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<td></td>
</tr>
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<td>Converting to a Client Choice Pantry</td>
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<td>(This document is also available on the Foodshare website.)</td>
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<td>Benefits Information</td>
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<td>Services Log</td>
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<td>One Month Reminder Letter</td>
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<td>Discharge Letter</td>
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<td>Donation Acknowledgement Worksheet</td>
<td>80</td>
</tr>
<tr>
<td>Surveys used to evaluate Freshplace</td>
<td>82 - 94</td>
</tr>
</tbody>
</table>
FOOD PANTRY BEST PRACTICES

CLIENT CHOICE
Clients are allowed to choose the items they want rather than being handed a pre-packed bag of food. Would you want someone else deciding what you and your family will eat?

CLIENTS RECEIVE AS MUCH FOOD AS NEEDED
Clients are trusted to take the amount of food they feel they need. For hard to supply items, the pantry may need to place limits based on family size.

CLIENTS VISIT AS OFTEN AS NEEDED
Clients are able to receive product from the pantry as often as needed. This could mean families visit the pantry as often as weekly. Once a month may not be sufficient.

NON-TRADITIONAL HOURS
The pantry is open some evenings or weekends so clients who work are better able to access services.

RESPECTFUL AND DIGNIFIED CLIENT INTAKE
Clients are asked a minimum number of questions in order to receive food. Residency, household size, special dietary needs and income level are all you may want to ask each year. Requesting food assistance is hard enough for clients – an intensive intake process can make it even harder.

USE OF FOODBANK PRODUCT
The pantry gets most of its inventory from Foodshare. This “stretches your dollar”. Donors can even put money directly into your Foodshare account and, therefore, provide more than if they purchased and gave you food directly.

HEALTHY FOODS
Fresh fruits and vegetables, meat and dairy products are available to clients. Remember, we are what we eat!

ADDITIONAL INFORMATION OR SERVICES
Clients are provided with information or services that will help them address the root causes of their need for food assistance. Information or services related to budgeting, employment, day care, housing, health care, food stamps, etc. may be required by clients.

COORDINATION WITH OTHER AGENCIES
The pantry knows its neighbors and cooperates with other agencies in fighting hunger and poverty in its community. We can’t do this work alone!

ADVOCACY AND PUBLIC AWARENESS
The pantry contacts local legislators and government officials and “spreads the word” amongst the public about fighting hunger and poverty in its community. Hours of operation, location and other pantry information is regularly and widely distributed.

70 or more: Good Job! 40 – 70: Getting There! 40 or less: Need Improvement.  TOTAL: _______

46
Converting to a Client Choice Pantry

Most of us take for granted the ability to eat what we want. We go to a supermarket and buy what our family needs, challenged only by the overwhelming variety of products, brands, packaging, and the preferences within our household.

Yet for many who seek pantry assistance, this basic opportunity to choose what their family eats doesn’t exist. Providing a choice in pantry product empowers and affirms the dignity of those you serve. Here are some points to consider when converting your pantry to the client choice model:

**Reduced Waste** – When clients have the ability to fill their own bags, they will likely only choose items they know they can and will use, supplementing what they already have at home. Product in pre-packed bags can be wasted when it’s given to recipients with special dietary needs, to households unequipped with functional stoves or refrigerators, or to clients who do not know how to prepare the food.

**Reduced Cost** – Presupposing the needs of clients often means purchasing product not available at the local food bank. Acquiring and offering the full range of available food bank product with the understanding that your primary role is to reduce, not eliminate, the food needs of a family greatly reduces costs and will in turn increase product variety.

**Engagement with Clients** – Many choice pantries pair a “shopping assistant” with a client as they select product. This allows the volunteer to get to know the needs of clients and establishes a trusting relationship.

**Offering Food Education** – Use the time chaperoning clients to offer recipes for items they may be unfamiliar with or providing education around nutrition, labeling, or use of short-dated products.

**Offering Other Services** – As individual shopping takes longer than receiving product pre-bagged, choice pantries often have a waiting area where clients can be meet with a case manager, be screened for SNAP eligibility, receive health screenings, browse literature on available services, or simply sit in comfort.

**Evolving the Volunteer Experience** – Instead of using volunteer resources on the repetitive task of pre-packing bags, volunteers are entrusted with interacting with clients and making customer experience as enjoyable and informative as possible. Such rewarding involvement generally attracts additional volunteers.
Increased Quality Time – You may need to serve fewer people per distribution and be open more frequently. The high-value time spent with clients is increased yet largely offset by savings in time spent packing bags. For better accessibility, consider weekend daytime hours and weekday evening hours.

Convert Storage Space to Shopping Space – Use shelving to both store and display product. Use top and bottom shelves for longer-term storage.

The Point System - Create point values for each item based on the product’s retail cost (e.g., cereal costing $3 would have a point value of 3). Clients are then allotted, based on household size, a certain number of total points to “spend” during their pantry visit. This system may help teach valuable shopping and budgeting skills.

The Number of Items System – For each item, set limits based on household size. This can be combined with allocating a maximum number of items per client visit based on household size.

Item List System – When it is impossible to reorganize space to accommodate shopping from shelves, clients can be given a list of items to choose from, which volunteers then package. This should be an intermediate step in converting your pantry to the full client-choice model.

Additional Resources:

- Making the Switch to Client Choice
- Ending Hunger in America – John Arnold
- Client Choice Evaluation Survey
- Foodshare Partnership Program – $5,000 Client Choice Pantry Project Application

For a list of Foodshare partner organizations operating client choice pantries, or for more information, contact Kai Loundon (kloundon@foodshare.org | 860-286-9999 x112), Agency Services Coordinator.
Application for FRESHPLACE

Note: Please Type or Print. In order for any individual to be considered for membership, **ALL** applicable items must be completed.

| Application Date: __________________________ |
| **Referral Source if you are referred:** |

Please provide referring professionals information below: (If Referred)

| Name | Agency/Program | Address | Phone | Reason for referral: __________________________ |

Application Information:

| Name: ___________________________ Date of Birth: ________________ |
| Current Address: ___________________________ Zip Code: __________________ |

| Aliases: ___________________________ Gender: _M_ _ F_ Phone: ( ) __________________ |

Primary Language: ___________________________ Secondary Language: ___________________________

| Race: _ Asian __ Native American or Alaskan Native |

| __ Black / African/American __ White/Caucasian |

| __ Native Hawaiian/other Pacific Islander __ Other (Please Specify) __________________ |

| Ethnicity: __ Hispanic-Other __ Non-Hispanic |

| __ Hispanic-Puerto Rican __ Hispanic-Mexican |

| __ Hispanic-Cuban __ Unknown |

| Marital Status: _ Married _ Never Married _ Separated _ Divorced/Annulled _ Widowed |

| _ Civil Union _ Other _ Unknown |

Emergency contact:

| Name: ___________________________ Address: ___________________________

| Home Phone: ( ) ___________________________ Work Phone: ( ) ____________ Relationship: __________________ |

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How many people live in your home: (Including applicant) ____________________________

Please list the ages of each person in your home: (Including applicant)

___   ___   ___   ___   ___   ___   ___   ___   ___

Who lives in your Home?
_______________________________________________________________________________________


<table>
<thead>
<tr>
<th>Vocational / Educational:</th>
<th>Financial:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest School Grade Completed:</td>
<td>Income Source</td>
</tr>
<tr>
<td></td>
<td>☐ PT Employment</td>
</tr>
<tr>
<td></td>
<td>☐ FT Employment</td>
</tr>
<tr>
<td></td>
<td>☐ No Income</td>
</tr>
<tr>
<td></td>
<td>☐ VA Benefits</td>
</tr>
<tr>
<td></td>
<td>☐ Unemployment</td>
</tr>
<tr>
<td></td>
<td>☐ Retirement</td>
</tr>
<tr>
<td>Trade School / College (Please include names of schools, courses, years attended and/or completed):</td>
<td>Public Assistance</td>
</tr>
<tr>
<td></td>
<td>☐ SAGA</td>
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<tr>
<td></td>
<td>☐ AFDC</td>
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<tr>
<td></td>
<td>☐ SSI</td>
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<td></td>
<td>☐ SSDI</td>
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<tr>
<td></td>
<td>☐ State Supplement</td>
</tr>
<tr>
<td></td>
<td>☐ Food Stamps</td>
</tr>
<tr>
<td></td>
<td>☐ Pending Entitlements</td>
</tr>
<tr>
<td></td>
<td>☐ Other</td>
</tr>
</tbody>
</table>

Are you currently employed?  ☐ Yes  ☐ No
(If yes, please give name of employer, dates of employment, job title, duties, and salary):
_______________________________________________________________________________________

If No: How long has it been since your last Employment:

<table>
<thead>
<tr>
<th>Medical:</th>
</tr>
</thead>
</table>
| Insurance:  ☐ No health Insurance  
  ☐ Medicare  
  ☐ State Medicaid  
  ☐ Other Private Insurance  
  ☐ Self Pay  
  ☐ Other  
  ☐ Unknown |

Do you have any outstanding bills that you not made Payment on? (e.g. utilities)  _______________
Have you ever been in need of mental health services or diagnosed with a mental health issue?

______________________________________________________________________________
______________________________________________________________________________
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______________________________________________________________________________

Would you like to be connected with a mental health provider?
___ Yes    ____ No
**Housing:**

Are you currently homeless or at risk of becoming homeless?  ____ Yes  ____ No  
If yes please explain: ______________________________________________________________________________

If you are currently homeless, how long has this homeless episode been? ______________________________________________________________________________

**Current Living Situation:**

- ___ Rent an Apartment  
- ___ Private Residence, owns the residence or holds lease  
- ___ Single room occupancy (Hotel, YMCA, Rooming House)  
- ___ Sleeping on a Couch  
- ___ Residing with a relative  
- ___ Residing with a friend  
- ___ Domestic Violence Shelter  
- ___ Homeless Shelter  
- ___ Homeless (Including on Street)  
- ___ Other: ______________________________________________________________________________

**Legal:**

Are you currently on:  
- Probation  
- Parole  
- Neither 

Do you need legal support?  ____ Yes  ____ No  

**Military Status:**

- Veteran? Yes ____ No ____  

In which era did the veteran serve in the military?  
________________________________________
**Substance Abuse:**

* Are you in Need of/ would you like Alcohol or Substance Abuse Treatment  ____ YES  ____ NO

Do you now, or have you in the past, used/abused any of the following: *(If yes, please include dates of first and last use):*

<table>
<thead>
<tr>
<th>Substance</th>
<th>*Method</th>
<th>Date Last Used</th>
<th>Days Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crack/Cocaine</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Heroin/Opiates</td>
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<tr>
<td>PCP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amphetamines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sedatives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steroids</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barbiturates</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hallucinogens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

* Drug Methods: Oral  Smoking  Inhalation  Injection  Other

---

Please rate the categories below with a number 1-5. *(1 = High need -- 5 = Low need)*

- State or Federal Entitlements/Benefits:
- Other Assistance: (Utilities, Energy Assistance, etc.)
- Education:
- Employment:
- Health Care:
- Cooking/Shopping/Nutrition:
- Mental Health/Substance Abuse Services:
- Food:
- Housing:
- Legal: (Criminal, Family, Financial)
- Child Care:
- Other:

---

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What are your three most important goals you wish to meet over the next year?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

What service will help you to be more independent?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

I certify that the foregoing information is correct and complete to the best of my knowledge, and will notify the coordinator of any significant changes.

Signed: _________________________________ Date: ____________________ 
Member/Referring Person

PRINT: ____________________ Date: _______ Phone #:__________ ________
Member/Referring Person

RETURN TO:
CHRYSALIS CENTER, INC.
ATTN. Jon Mitchell
255 Homestead Avenue
P.O. Box 320613
Hartford, CT 06132

Telephone: 860-263-4697 Fax 860-263-4695

Visit us at: www.chrysaliscenterct.org
MEMBER AGREEMENT

Freshplace is on the grounds of the new Chrysalis Center Commons building. Chrysalis is a private non-profit healthcare agency which provides community support services to people who are struggling with mental illness, substance abuse, HIV/AIDS, release from prison and homelessness and who live below the poverty line. Each year nearly 2000 individuals and families receive support and assistance through agency services in the areas of housing, employment, education and community integration. It is the purpose of Chrysalis Center, Inc. to provide services that allow individuals and families to reintegrate successfully into the community and transform their lives to meet their personal goals and objectives.

As a member of Freshplace your health and safety are important to us. We expect members to:

- Actively participate in choosing and following the individual goals they pick for their Freshstart Plan.
- Live with in the laws of society.
- Not to be an ongoing safety risk to self, others or property.
- Work cooperatively with Freshplace staff/volunteer and members.
- Not bring any weapon, or any instrument that could be used as weapon on Freshplace/Chrysalis Commons property, while with Freshplace staff/volunteer or other personnel, or while at a Freshplace event.
- Not be under the influence of, use, sell, distribute or possess, any non-prescription illicit drug or alcohol on Freshplace/Chrysalis Commons property, in Freshplace programs, while with Freshplace staff, volunteer or personnel or at a Freshplace event.
- Freshplace Members will be discharged from the program; if you miss more than two (2) appointments, without contacting Freshplace.
- As a Freshplace Member you will be expected to attend your scheduled appointment day and time. This will make it possible for each member to have time to meet with staff and volunteers.

Freshplace members must adhere to the aforementioned guidelines to remain in the Freshplace program and in order to receive the greatest benefits from Freshplace services.

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I wish to participate as a member of the Freshplace program. I have read the guidelines and have agreed to be part of the research study read to me upon my invitation into the Freshplace program. I agree to the responsibilities as set out in this agreement and by signing this form, I have voluntarily decided to be a member of the Freshplace program, and will participate in the services offered to me to the best of my ability. I have also been informed that I may withdraw from the services at anytime and will inform the Freshplace staff of my decision prior to leaving.

___________________________   ____________________  _________
Member Signature     Print Name    Date

___________________________   ____________________  _________
Witness Signature     Print Name    Date
# Assessment Worksheet

<table>
<thead>
<tr>
<th>Subscale</th>
<th>High Priority</th>
<th>Mid Priority</th>
<th>Lower Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Attainment</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Academic Skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Employment</td>
<td></td>
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</tr>
<tr>
<td>Health Insurance</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Physical Health</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Mental Health &amp; Substance Abuse</td>
<td>10</td>
<td></td>
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</tr>
<tr>
<td>Housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
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</tr>
<tr>
<td>Child Care</td>
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<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosocial &amp; Environmental Stressors</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Notes: ___________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Date:  _____________________________________

Family/I.D. #: _____________________________

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Member Assessment Key

Name:  
Date:  

- Complete this form for all participants at: 1) entry, 2) monthly assessments, and 3) at exit.
- Level categories: 1) problem, not ready; 2) pre-contemplation, contemplation; 3) building capacity; 4) in progress; 5) received/achieved; or N/A if non-applicable

<table>
<thead>
<tr>
<th>Food.</th>
<th>Member can meet basic food needs but requires occasional assistance; can meet basic food needs without assistance; or can choose to purchase any food desired.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1= 2 or more visits to a food pantry a month, No SNAP benefits, Worry about food more than just @ the end of the month.</td>
</tr>
<tr>
<td></td>
<td>2-3 = Goes to 1-2 pantries a month, runs out of SNAP benefits before the end of the month.</td>
</tr>
<tr>
<td></td>
<td>4 = Beginning to have enough food throughout the month, preparing low cost meals.</td>
</tr>
<tr>
<td></td>
<td>5 = Has access to enough food every month, prepares low cost meals, balanced food budget.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Entitlements/ Benefits.</th>
<th>Member has obtained entitlements/benefits (SNAP, TANF, WIC). Member has contact information for DSS worker and is able to process annual re-determination.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 = No Benefits</td>
</tr>
<tr>
<td></td>
<td>2 = No Benefits R/T issues of immigration, etc.</td>
</tr>
<tr>
<td></td>
<td>3 = Applied/Problems with re-instatement.</td>
</tr>
<tr>
<td></td>
<td>4 = Applied in progress of waiting, re-determination in progress.</td>
</tr>
<tr>
<td></td>
<td>5 = Benefits intact, can apply/re-apply independently.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Assistance: (Utilities/ Energy Assistance; Renter’s Rebate; Safelink Phone).</th>
<th>Member has applied; or has paperwork to apply for Assistance; or member maintains payments as arranged. Member has the information needed to apply annually.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 = Never applied for any above assistance.</td>
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<td></td>
<td>2 = Eligible for above assistance &amp; will apply.</td>
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<td></td>
<td>3 = Preparing needed paper work to apply.</td>
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<td></td>
<td>4 = Paper work prepared, applied or waiting on scheduled appointment.</td>
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<td></td>
<td>5 = Person can independently apply for annual benefits or has acquired benefit.</td>
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<tr>
<th>Education.</th>
<th>Member has completed education/ training needed to become employable; has enrolled in an education/ training program; or has applied for grants.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1 = Less than a High Schools education.</td>
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<td></td>
<td>2 = Contemplating Adult Ed, GRE, Computer Class, College Program.</td>
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<tr>
<td></td>
<td>3 = Scheduled/Enrolled in eduction course of choice.</td>
</tr>
<tr>
<td></td>
<td>4 = Attending educational course.</td>
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<tr>
<td></td>
<td>5 = Completed education / training needed to become employable.</td>
</tr>
</tbody>
</table>

© Chrysalis Center, Inc., 255 Homestead Ave., PO Box 320613, Hartford, CT 06132 860.263.4400 (rev. 7/22-14)
<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
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</table>

**Employment.** Member has attained meaningful employment; or has made positive progress towards attaining employment. If member is unable to work; he or she is applying for disability or receiving disability.

1 = Unemployed for over 1 yr.
2 = Verbalized thoughts or has it as a goal.
3 = Began resume / Cover letter
4 = Has a resume / Cover letter, actively searching for employment.
5 = Employed part/full time.

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<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
</table>

**Health Care.** Member has applied for medical coverage, waiting on approval; or is covered by affordable, adequate health insurance and has a medical provider.

1 = No Health Care.
2 = Wants health care.
3 = Applying/Scheduled an appointment.
4 = Waiting on processed paper work to be approved.
5 = Has health care benefits.

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<thead>
<tr>
<th>1</th>
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</table>

**Health and Nutrition.** Member is receiving preventative screenings; has attended cooking classes, assists with shopping for ingredients to prepare meals, has met with nutrition students and utilizes recipes.

1 = Person has not had a physical in over 2 years.
2 = Person is contemplating cooking classes or making a recipe from Freshplace, thinking about going to the doctor
3 = Person has signed up for a cooking group, met w/Uconn students, scheduled appointment with doctor
4 = Attending a cooking group, reports making healthy meals, trying Freshplace recipes, receiving preventive care
5 = Completed classes, making meals with nutritious foods, receiving preventive screenings (high blood pressure, diabetes)

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<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>N/A</th>
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</thead>
</table>

**Mental Health/ Substance Abuse.** Member has a mental health/ substance abuse provider, has completed their intake appointment, has regularly scheduled appointments and is taking medication as prescribed; capable of managing stress.

1 = Assessed as abusing substances or not in treatment for a known mental health disorder.
2 = Verbalized possible treatment.
3 = Has taken treatment provider contacts.
4 = Person is attending provider scheduled appointments.
5 = Freshplace staff assesses that member is invested in their continued treatment; assessed as not having M.H. issues.

<table>
<thead>
<tr>
<th>1</th>
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<th>4</th>
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</thead>
</table>

**Housing.** Household is safe, adequate, unsubsidized or subsidized housing; or member has completed paperwork for alternative housing and is on waiting list.

1 = Homeless, living in a shelter/short term housing/Living with a friend/family home short term or couch.
2 = Rooming house.
3 = Working, saving $/access to security deposit, applying to housing program/section 8.
4 = Employed, meeting with landlords, $ for security deposit.
5 = Healthy & Safe permanent housing.

| 1 | 2 | 3 | 4 | 5 | N/A |
**Name:**

**Date:**

**Child Care.** Affordable subsidized childcare is available; or reliable, affordable childcare is available with no need for subsidy.
1 = No child care & has children under the age of 6.
2 = Exploring child care options.
3 = Accessing family, peer or day care part time.
4 = Will have stable & safe day care for children during the time needed to become more self-sufficient.
5 = Stable, safe childcare is available to enable member to work.

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<th></th>
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</table>

**Transportation.** Transportation is generally accessible to meet basic travel needs; or transportation is readily available and affordable; driver is licensed, car is adequately insured.
1 = No Car, often does not have money for bus fare.
2 = Un-registered car, poor condition, no employment.
3 = Uses public transportation without problems.
4 = Owns a suitable car, works and the car is registered &/or on the road most of the time.
5 = Person has a safe running car, registered, insured & working.

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<th></th>
<th>1</th>
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<th>4</th>
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</table>

**Daily Living Skills.** Member is able to provide beyond basic needs of daily living for self; or able to meet all basic needs of daily living without assistance. Member has people to rely on for social support.
1 = Poor hygiene & reported diet.
2 = Wants to become more stable but life is chaotic.
3 = Knows who to reach out to for social support, taking care of personal hygiene.
4 = Able to make appointments on time, makes follow-up calls, reliable.
5 = Able to meet all basic needs of daily living without assistance. Stable, has strong support system in place.

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<th>N/A</th>
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</table>

**Other.**

__________________________________________________________________________________________
__________________________________________________________________________________________

**TOTAL**
## Member Assessment

<table>
<thead>
<tr>
<th>Goal</th>
<th>Name:</th>
<th>ID#</th>
<th>Date:</th>
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</thead>
</table>
| • Complete this form for all participants at: 1) entry, 2) monthly assessments, and 3) at exit.  
• Check areas the Member has identified as Goals they are working on, but assess for all areas.  
• Level categories: 1) problem, not ready; 2) pre-contemplation, contemplation; 3) building capacity; 4) in progress; 5) received/achieved; or N/A if non-applicable | | | |

### Food

Member can meet basic food needs but requires occasional assistance; can meet basic food needs without assistance; or can choose to purchase any food desired.

1 = 2 or more visits to a food pantry a month, No SNAP benefits, Worry about food more than just @ the end of the month.

2-3 = Goes to 1-2 pantries a month, runs out of SNAP benefits before the end of the month.

4 = Beginning to have enough food throughout the month, preparing low

<table>
<thead>
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<th>1</th>
<th>2</th>
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<th>4</th>
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</table>

### Entitlements/ Benefits

Member has obtained entitlements/ benefits (SNAP, TANF, WIC). Member has contact information for DSS worker and is able to process annual re-determination.

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<th>1</th>
<th>2</th>
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### Other Assistance: (Utilities/ Energy Assistance; Renter’s Rebate; Safelink Phone)

Member has applied; or has paperwork to apply for Assistance; or member maintains payments as arranged. Member has the information needed to apply annually.

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</table>

### Education

Member has completed education/ training needed to become employable; has enrolled in an education/ training program; or has applied for grants.

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</table>

### Health Care

Member has applied for medical coverage, waiting on approval; or is covered by affordable, adequate health insurance and has a medical provider.

<p>| 1 | 2 | 3 | 4 | 5 | N/A |</p>
<table>
<thead>
<tr>
<th>Goal</th>
<th>Name:</th>
<th>ID#</th>
<th>Date:</th>
<th>1</th>
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<th>3</th>
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<td><strong>Health and Nutrition.</strong></td>
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<td>Member is receiving preventive screenings; has attended cooking classes, able to shop and prepare meals with fresh foods, has met with nutrition students and utilizes recipes.</td>
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<td>Member has a mental health/ substance abuse provider, has completed their intake appointment, has regularly scheduled appointments and is taking medication as prescribed; capable of managing stress.</td>
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<td><strong>Child Care.</strong></td>
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<td>Affordable subsidized childcare is available; or reliable, affordable childcare is available with no need for subsidy.</td>
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<td><strong>Transportation.</strong></td>
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<td><strong>Daily Living Skills.</strong></td>
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</table>
### Stages of Change Model Adapted for use with the Freshplace Model

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Characteristics</th>
<th>Techniques</th>
<th>Freshplace Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Contemplation</td>
<td>Not currently considering change: “Ignorance is bliss”</td>
<td>Validate lack of readiness Clarify: decision is theirs Encourage re-evaluation of current behavior Encourage self-exploration, not action Explain and personalize the risk</td>
<td>Discuss High Priority areas from intake Develop FreshStart Plan and goals Refer programs Introduce client choice pantry and fresh foods</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Ambivalent about change: “Sitting on the fence” Not considering change within the next month</td>
<td>Validate lack of readiness Clarify: decision is theirs Encourage evaluation of pros and cons of behavior change Identify and promote new, positive outcome expectations</td>
<td>Discuss High Priority areas from last visit Discuss FreshStart Plan and goals Discuss programs and services</td>
</tr>
<tr>
<td>Preparation</td>
<td>Some experience with change and are trying to change: “Testing the waters” Planning to act within 1 month</td>
<td>Identify and assist in problem solving re: obstacles Help client identify social support Verify that client has underlying skills for behavior change Encourage small initial steps</td>
<td>Discuss progress in FreshStart Plan Follow-up and referrals for programs and services Build empowerment and self efficacy</td>
</tr>
<tr>
<td>Action</td>
<td>Practicing new behavior for 3-6 months</td>
<td>Focus on restructuring cues and social support Bolster self-efficacy for dealing with obstacles Combat feelings of loss and reiterate long-term benefits</td>
<td>Discuss progress in FreshStart Plan Introduce new programs and services Encourage social support</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Continued commitment to sustaining new behavior Post-6 months to 5 years</td>
<td>Plan for follow-up support Reinforce internal rewards Discuss coping with relapse</td>
<td>Celebrate progress in FreshStart Plan Reinforce positive steps and social support</td>
</tr>
<tr>
<td>Relapse</td>
<td>Resumption of old behaviors: “Fall from grace”</td>
<td>Evaluate trigger for relapse Reassess motivation and barriers Plan stronger coping strategies</td>
<td>Reassess FreshStart Plan and goals Build empowerment and self efficacy</td>
</tr>
</tbody>
</table>

Examples of a Stages Of Change Self-Assessment may include:
1. Are you seriously considering making this change, (such as looking for a job, signing up for GED, applying for SNAP) within the next six months?
2. Are you planning to make this change in the next 30 days (and perhaps taking small steps to do so)?
3. Are you now actively making this change?
Specific Tools To Use When Conducting Motivational Interviewing

Below is what is called the “importance-confidence ruler”, which is what clinicians typically open with by asking “How important is it for you right now to change [target behavior]? On a scale of 0 to 10, what number would you give yourself?”

Clients then provide a number (X). The next questions follow, “Why are you at X and not at 0?” and “What would need to happen for you to get from X to X + 1 or X + 2?”

Once the importance of change has been explored in this manner, the conversation can shift to questions regarding self-efficacy or confidence around change, using the confidence ruler. “If you did decide now to change [target behavior], how confident are you that you could do it?”

Clients again provide a number (X). And clinicians follow with the same questions as before: “Why are you at X and not at 0?” and “What would need to happen for you to get from X to X + 1 or X + 2?”

The importance-confidence ruler is a quick way to obtain a good idea of clients’ readiness to change a target behavior and whether to focus initially on exploring the importance of changing or building confidence in their ability to change. Someone with high initial importance can be moved quickly to a discussion on building confidence and overcoming practical barriers. Someone with low importance around change can be helped to think through the pros and cons of the status quo with the decisional balance tool to increase importance before tackling confidence.

Importance / Confidence Ruler

<table>
<thead>
<tr>
<th>On a scale of 0 to 10, how IMPORTANT is it for you right now to change?</th>
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</thead>
<tbody>
<tr>
<td>0</td>
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<tr>
<td>Not at all</td>
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</table>

<table>
<thead>
<tr>
<th>On a scale of 0 to 10, how CONFIDENT are you that you could make this change?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>Not at all</td>
</tr>
</tbody>
</table>
FRESHPLACE SERVICE OPTIONS

➢ Housing:
  - Section information & Education.
  - Freshplace receives automatic notification of Connecticut Towns opening Section 8 Lottery Applications.
  - Automatic email web site (Given to Members with computers)
  - Security Deposit support links.
  - Legal support for eviction intervention. (Links to legal Housing providers)
  - On-going apartment search & contacts.
  - Landlord intervention/communication support. (Conflicts, pest/rodent intervention)
  - Tax credit (For eligible home owners)
  - Energy audit link.
  - Furniture & household items resources.
  - Access to Computers

➢ Utility:
  - Energy Assistance link & preparation.
  - Renters Rebate link & preparation.
  - Financial support with utility bills.
  - Assistance with working with the utility companies to set up budget plans. (NUSTART)
  - Free Phone Applications.
  - Access to Computers
Legal:
- Debt support, education & options.
- Criminal support links.
- Court ordered program linkage & resources.
- Divorce/separation.
- Disability attorneys.
- Advocacy for Members Rights in all areas.
- Access to Computers

State/Federal:
- Initial entitlement & benefit qualification analysis.
- Medicare enrollment.
- Annual Medicare provider assessment. (Late October-Early December)
- SNAP enrollment. (Food Stamps)
- SSDI/SSI enrollment. (Disability)
- WIC
- Temporary Assistance for Needy Families.
- DSS Bus (On Campus entitlement office)
- Access to Computers

Health & Nutrition:
- Weekly low cost meal recipes for items in Freshplace.
- Information on use & preparation for uncommon produce. (Volunteers & Staff)
- Shopping Matters Class.
- Cooking Matters Class.
- Dental Clinic (On/Campus)
- Dental resource Referrals.
- Health Check Bus on Campus.
• Medical Specialist information. (Support to be seen by a specialist)
• University of Connecticut Health & Nutrition Undergraduate & Graduate Students table in Freshplace. (Tuesday & Thursday)
• Access to Computers

➢ Employment:
• Resume/Cover Letter support & education.
• On-going job posting
• Individualized Job Searches.
• Email set up/Access.
• Employer Links/Member Advocacy.
• Access to Computers

➢ Education: Referrals To:
• College & Advanced Education Certification Programs.
• Computer Education.
• GED
• Food Industry ServSafe Certification.
• Welding Training.
• OSHA Flagger Certification Program.
• Scholarship/Grant Education & Support.
Benefits Information

The following information will help those persons on entitlements maintain them and make annual benefit & entitlement applications simpler.

IMPORTANT! Remember to write the following information of the person you spoke to or on voice mail: name, date & time of day when phoning your DSS worker, Social Security office or any other company or provider you need to deal with.

DSS RE-DETERMINATION:
This is usually a once a year mandatory process to continue your SSI income. Some persons may have to do two in a year, one for income and one for medical benefits. Complete the information needed on the form and attach copies of;

- TPQY/Budget Form or a copy of the December notice that shows the increased amount of your income for the next year.
- Proof of rent (Copy of the lease or Housing Authority renewal contract with portion person pays in rent if they have Section 8 or other rental subsidies/cleared check to landlord).
- Copy of past three bank statements.
- Copies of most recent gas, electric and/or oil bills.

-This is common information needed with re-determination. Please read the first page of your re-determination notice carefully, because it will list the information needed too.
-MAKE A COPY of the completed form, to copy from for the next year’s re-determination.
ENERGY ASSISTANCE:
Application are taken from September 15th – February 15th (THE EARLIER THE BETTER)
Call you town hall or the nearest CRT office to schedule an appointment.

- Electric, Gas or Oil use since the beginning of the year.
- TPQY/Budget form for proof of income or copies of Decembers increases income form.
- Proof of rent
- Picture I.D. & Social Security card.

Automated TPQY/Budget sheets from Social Security in Hartford. Call during business hours 493-1857 / 493-0386 press 1 then press 3. The system will ask you your name, spelling of your last name, social security number & phone number. The TPQY/ Budget sheet should come in the mail within 2 weeks.

- NOTE PERSONS WITH HEAT & HOT WATER INCLUDED IN THE RENT NEED TO SPEND AT LEAST 33% OF THEIR INCOME TOWARD RENT TO QUALIFY FOR ENERGY ASSISTANCE.

GETTING SECTION 8:
Section 8 is difficult to obtain and openings for applications just to get on a waiting list are usually far and few between. If you have a computer you can have automatic emails sent to you of towns that will be accepting waiting list applications. The web site to set up automatic emails is www.das.state.ct in the upper left corner there is an advanced search box. Type in section * & it will take you to the page to set up automatic email for section 8 waiting lists. IMPORTANT You need to follow the directions on the application that the housing authority list. Most housing authority want it mailed on a certain day, no earlier or later.
You can apply for any town and have it transferred to the town you live in.
But a letter requesting reasonable accommodation must be written to the executive director from the housing authority where the voucher is from. Letters from Doctors, Therapists, Psychiatrists, or any other provider who can reinforce the importance of a voucher transfer should accompany the
letter too. Even after this they still may deny the transfer, requiring you to live in the town / city for one year. Attached is a copy of how the letter requesting reasonable accommodations should be written.

RENTERS REBATE:
From May 15th – October 15th persons can apply for renters rebate, either at the closest Community Renewal Team (CRT) or at most town hall social service offices.

NEED COPIES OF: All the information needed is from the prior year. (Example, for 2007 rent rebate you need bills, income & rent amount from 2006)

Previous Year
- TPQY / Budget form for proof of income or a copy of Decembers increase in income form.
  (This letter comes every December & shows the amount of your income for the next year.)
- Proof of rent (Copy of the lease or Housing Authority renewal contract with portion person pays in rent if they have Section 8 or other rental subsidies/cleared check to landlord).
- Copy of past three bank statements.
- Copies of most recent gas, electric and/or oil bills from the previous year.
- Picture I.D. & Social Security card.

Remember the above should be from the previous year.

Rebates usually arrive in the mail the following November. Questions on the status of your check can be directed to: The Connecticut Administrative Service Department 622-2200 / toll free 888-703-5410 (Wait till late October)
Date
Any Town Housing Authority
123 Main St
Any Town, State 12345

Dear Mr. /Mrs. Executive Director,

I am respectfully requesting reasonable accommodation because of my disability. I receive Section * Voucher on _____ date ___________ and I am aware of how fortunate I am. However, I am concerned about the emotional and physical hardship that may arise as a result of having to move from ________________.

I have long term support systems in the present area I reside in. I have built relationships with medical doctors and my mental health providers, and I have established State and federal services.

I respect that I have written in to your Section 8 briefly packet that recipients have to live with in the Housing Authority’s jurisdiction for twelve months before the voucher becomes portable. But, I ask for your appeal for reasonable accommodations due to my disabilities, so that I may continue to live in my present home without the stress and disruption to daily life a move would generate.

Respectfully,

Jon Doe
123 Main St.
Any Town, State
12345
AFFIDAVIT

I________________, residing at_______________________________, County of
________________, state of Connecticut, on affirmation, depose and say that I am
insolvent and do not have sufficient property within the jurisdiction of any court to
satisfy a judgment.

I further state that my primary source of income is Social Security Income.

AND because of my income to expense ratio, I am unable to pay my debts and am
not a candidate for filing bankruptcy because I cannot afford the bankruptcy fee
and do not have any assets that could be distributed to my creditors in a bankruptcy
proceeding.

Signature:
Primary Debtor: _______________________________

Print Primary Debtor Name _______________________________

Subscribed and sworn to before me on this____ day of______________, 20__.

________________________________________
Notary Public
Debt Collection:

Debt is a problem for most Americans. But if you are on Social Security (SSI/SSD) you have the right to claim Judgment Proof Status. A legal term used to describe an individual who has no money or property that can be awarded to a creditor. The legal term is actual execution proof, meaning that a creditor could sue and be awarded a judgment, but the judgment can not be enforced. This does not stop creditors from filing a lawsuit in the expectation that the debtor will eventually have property that is not exempt and therefore can be attached.

Q) If you are considered judgment proof will a judgment still stay on your credit report for 7 years and if the 7 years is up can they still collect?

Ans.) Some judgments/liens are renewable quite literally forever. Being judgment proof does not mean you are relieved of the debt. It is a term used to designate the debtor has no assets at the time of the judgment which could be seized. If sometime later the debtor becomes employed, receives an inheritance, etc. the creditor can enforce the collection of the judgment. How long it stays on the credit report will depend on what type of judgment.

Example: An individual has $1000.00 in debt to a credit card. The credit card company will send letters add late fees, etc. for the debt to be paid. After a long period of time a collection agency may take over the collection. But if you are collect SSI, SSD and have no property (Car, Motorcycle, home etc.) The creditor can not collect any money from you, because Social Security income is exempt from collection. You can complete a copy of the attached form (Affidavit).

Should you have further questions call, Statewide Legal Service of CT, Inc. 425 Main St. Middletown, CT. 06457. Be prepared to be on hold for a long period of time, since there is usually a large call volume.
<table>
<thead>
<tr>
<th>Service</th>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooking Matters Class / Shopping Matters</td>
<td></td>
</tr>
<tr>
<td>Farmers Market</td>
<td></td>
</tr>
<tr>
<td>SNAP / food stamps</td>
<td></td>
</tr>
<tr>
<td>Summer Food Program (summer meals)</td>
<td></td>
</tr>
<tr>
<td>Energy Assistance</td>
<td></td>
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<tr>
<td>Renters Rebate</td>
<td></td>
</tr>
<tr>
<td>Phone / Safelink</td>
<td></td>
</tr>
<tr>
<td>Education / classes</td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
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<tr>
<td>Medical / Health Insurance</td>
<td></td>
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<tr>
<td>Mental Health</td>
<td></td>
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<tr>
<td>Dental Health</td>
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<tr>
<td>Housing Assistance</td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Budgeting (class, Nu Start, Larrabee)</td>
<td></td>
</tr>
<tr>
<td>Household Items (furniture, repairs, clothing)</td>
<td></td>
</tr>
<tr>
<td>Legal Help</td>
<td></td>
</tr>
</tbody>
</table>
Member Discharge Check List

Members Name ____________________________
Member # ________
Date ________

___ DSS entitlements/Benefits: (SNAP, Medical & Cash Assistance) Able to process annual re-determination & the documents needed. Has DSS worker name, phone number & e-mail.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

___ Assurance/Safelink Phone: (If needed)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

___ Mental Health/Substance Abuse Provider: (Intake, regularly scheduled appointments, taking medication as prescribed. Rx covered).
___ Medical Provider: (Attended initial appointment, set up appointments per Dr. Recommendation)

___ Housing: (On Sec 8/subsidized housing wait list, knows how/set up auto email alert with home or Library computer (Has an email address), completed paper work for alternative housing programs)

___ Renters Rebate: (Has the needed information to apply annually/documents needed check sheet)

___ Energy Assistance: (Has the needed information to apply annually/documents needed check sheet)

___ Utility Program: (Maintains payment as arranged)
___ Legal Provider: (Linked/completed)

___ Education: (Has enrolled in educational program, began classes, applied for grants)

___ Daily Living Skills: (Has demonstrated the steps to empower themselves in clarifying/rectifying situation of misrepresentation)

___ Health & Nutrition: (Member has participated in Cooking Matters, utilized recipes/crockpot, met with nutrition students)

___ Employment: (Resume/Cover Letter, Utilized FP Computer for Employment Postings, Applied/Contacted Employment Leads, Found Employment.)
### Member Graduation Checklist

<table>
<thead>
<tr>
<th>Member Name:</th>
<th>Discharge Date:</th>
</tr>
</thead>
</table>

**Primary Reason for Discharge:**
- □ Completed Program
- □ Non-compliance with program
- □ Other (explain)

**Services Provided During Program Participation (beyond Case Management):**
- □ Employment Assistance
- □ Mental Health/Substance Abuse Referral
- □ Health Care Services
- □ Education
- □ Legal
- □ Screen for Entitlements
- □ Housing Placement
- □ Other

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health/Substance Abuse Referral</td>
<td></td>
<td></td>
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<tr>
<td>Health Care Services</td>
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<tr>
<td>Education</td>
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<tr>
<td>Legal</td>
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<td></td>
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<tr>
<td>Screen for Entitlements</td>
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<td></td>
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<tr>
<td>Housing Placement</td>
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<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Food.
Member can meet basic food needs but requires occasional assistance; can meet basic food needs without assistance; or can choose to purchase any food desired.

#### Entitlements/ Benefits.
Member has obtained entitlements/benefits (SNAP, TANF, WIC). Member has contact information for DSS worker and is able to process annual re-determination.

#### Other Assistance: (Utilities/ Energy Assistance; Renter’s Rebate; Safelink Phone).
Member has applied; or has paperwork to apply for Assistance; or member maintains payments as arranged. Member has the information needed to apply annually.

#### Education.
Member has completed education/training needed to become employable; has enrolled in an education/training program; or has applied for grants.

#### Employment.
Member has attained meaningful employment; or has made positive progress towards attaining employment. If member is unable to work; he or she is in the process of applying for disability or receiving disability.

#### Health Care.
Member has applied for medical coverage, waiting on approval; or is covered by affordable, adequate health insurance and has a medical provider.

#### Health and Nutrition.
Member has attended cooking classes, assists with shopping for ingredients to prepare meals; has met with nutrition students; utilizes recipes; and is receiving preventative screenings.

#### Mental Health/Substance Abuse.
Member has a mental health/substance abuse provider, has completed their intake appointment, has regularly scheduled appointments and is taking medication as prescribed.

#### Housing.
Household is safe, adequate, unsubsidized or subsidized housing; or member has completed paperwork for alternative housing and is on waiting list.

#### Child Care.
Affordable subsidized childcare is available; or reliable, affordable childcare is available with no need for subsidy.

#### Transportation.
Transportation is generally accessible to meet basic travel needs; or transportation is readily available and affordable; driver is licensed, car is adequately insured.

#### Daily Living Skills.
Member is able to provide beyond basic needs of daily living for self; or able to meet all basic needs of daily living without assistance.

---

**Total:** ___/ 12*

*(Member should meet ___ of the 12 criteria for successful discharge from Freshplace).*
Dear Freshplace Member,

We are sending you this letter, because you haven’t been to Freshplace in over one (1) month.

Upon admission into the Freshplace Program you were informed that you would have to attend the program monthly and work on your Freshstart Plan. If you are no longer able to participate in the program, then we would like to open it to another individual.

Please call (contact) at (contact number) with in a week of receiving this letter. If we do not hear from you, we will assume you are no longer interested or are unable to participate in the Freshplace program.

Sincerely,
Dear Freshplace Member,

We are sending you this letter, because you haven’t been to Freshplace in over five (5) months. Upon admission into the Freshplace Program you were informed that it was important to attend the program every two weeks and work on your Freshstart Plan. Due to the amount of time you have not come to Freshplace we have decided to open the space to another individual.

The goal of this new program is to help members live a healthier and more independent life. Freshplace is not just another food pantry, where members just come for food, but a place where individual can find volunteers and staff to provide education, assistance and links to help members achieve their individual goals.

Please call (contact) at (contact number) if you have any questions.

Sincerely,
Donation Acknowledgement

Company/Individual Name:

Company Contact Name:

Address:

Town, State, Zip:

Phone No.:

Email:

Date Received:

Description of Items:
Additional Resources

1. Food Research and Action Center: http://frac.org
2. End Hunger CT!: http://www.endhungerct.org

Suggested Reading

1. The Stop: How the Fight for Good Food Transformed a Community and Inspired a Movement, Nick Saul and Andrea Curtis
2. Toxic Charity: How Churches and Charities Hurt Those They Help, And How to Reverse It, Robert D. Lupton
3. A Framework for Understanding Poverty, Ruby K. Payne, PhD.

Survey Instrument Used to Evaluate the Freshplace Program

The survey appears on pages 82 – 94.
Evaluating Freshplace¹

COVER SHEET

I want to ask you a few questions about you and the people you live with. Please remember, your answers will be kept completely confidential.

Contact Information:  Member #

________________________

First Name __________________ Last Name __________________________

Home Phone _____________ Cell Phone ________________ No Phone ________

Address __________________ Apt. # ___________ ZIP ___________

Please name an emergency contact who does not live with you but knows you well and how to contact you:

Name of Friend or Relative ________________ Phone ____________

Name of Friend or Relative ________________ Phone ____________

Once randomize into two groups, mark which group:

_____ Freshplace ______ Food Pantry comparison group

[This cover sheet stays with the Freshplace client file, and will be filed separately for the UConn files to maintain the confidentiality of clients.]

# BASELINE SURVEY INSTRUMENT

**Member # __________**

**Date of Survey _______________**  
**Interviewer __________________**

**Place of Recruitment:** Food Pantry Name ________________________________

## Demographic Information:

How many people, including you, live in your household? __________

What is your date of birth? ______

How many children are 5 years of age or under? ______

How many children are between 6 – 17 years of age? ____

### Which of the following does your family use to get food?
**For all YES answers, ask how often they use the program**

| Frequency: |  
| --- | --- |
| ___ Soup kitchens | ____________________________ |
| ___ Food pantries | ____________________________ |

If yes to Food pantries, how many different pantries do you usually go to? __________

| Frequency: |  
| --- | --- |
| ___ Food Stamps / EBT / SNAP | ____________________________ |
| ___ WIC | ____________________________ |
| ___ Free/reduced price school meals | ____________________________ |
| ___ Earned Income Tax Credit | ____________________________ |
| ___ Energy Assistance / Rent Rebate | ____________________________ |
| ___ Other ____________ | ____________________________ |

How do you describe your race or ethnicity?

| ___ Hispanic / Latino | ___ Black / African American | ___ White  
| ___ Asian / Pacific Island | ___ West Indian | Other: ____________________ |

What is your marital status?

| ___ Single | ___ Married | ___ Separated | ___ Living with Partner | ___ Widowed |

[Interviewer: please mark based on observation:] **Gender:**  
___ Female  ___ Male
Food Insecurity / Hunger Survey
(Adapted from Food Security / Hunger Core Module, 3-Stage Design, with Screeners: USDA, FCS: 2/20/97)
Available at http://www.ers.usda.gov/Briefing/FoodSecurity/surveytools.htm.)

Now I’m going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was OFTEN true, SOMETIMES true, or NEVER true for your household in the last 12 months, that is, since last (name of current month).

1. The first statement is “We worried whether our food would run out before we got money to buy more.”

2. “The food that we bought just didn’t last, and we didn’t have money to get more.”

3. “We couldn’t afford to eat balanced meals.”
   [If needed: Probe: We couldn’t eat a variety of foods, we used the same foods over and over.]

SCREENER: If have children, continue to Q4. If do not have children and “sometimes or often true” to any question, go to Q7. If “never true” to all 3 questions, stop and go to Page 5.

4. “We relied on only a few kinds of low-cost food to feed my/our child/the children because we were running out of money to buy food.”

5. “We couldn’t feed my/our child/the children a balanced meal, because we couldn’t afford that.”

6. “(My child was/ My children were) not eating enough because we just couldn’t afford enough food.”

SCREEN Two: Questions 7-12  [INTERVIEWER: If "often true" or "sometimes true" to any one of Questions 1-6, then continue to Q7; otherwise, go to Page 5.
7. In the last 12 months, since last (name of current month), did you or other adults in your household ever cut the size of your meals or skip meals because there wasn’t enough money for food?

   □ Yes  □ No (Go to Q9)  □ DK/Refused (Go to Q9)

8. [IF YES to Q7, ASK] How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?

   □ Almost every month  □ Only 1 or 2 months

   □ Some months but not every month  □ DK/Refused
9. In the last 12 months, did you ever eat less than you felt you should because there wasn’t enough money to buy food?  
   Yes  No  DK/Refused

10. In the last 12 months, were you ever hungry but didn’t eat because you couldn’t afford enough food?  
    Yes  No  DK/Refused

11. In the last 12 months, did you lose weight because you didn’t have enough money for food?  
    Yes  No  DK/Refused

12. In the last 12 months, did you or other adults in your household ever not eat for a whole day because there wasn’t enough money for food?  
   Yes  No (go to Q14)  DK/Refused (go to Q14)

13. **[IF YES to Q12, ASK]** How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?  
   Almost every month  Only 1 or 2 months  Some months but not every month  DK/Refused

**SCREEN Three**: If do not have children, go to Page 5. If have children and **If affirmative response to any one of Questions 7-13, then continue to Q14; otherwise, go to Page 5.**

14. The next questions are about children living in the household who are under 18 years old. In the last 12 months, since (current month) of last year, did you ever cut the size of (your child/any of the children’s) meals because there wasn’t enough money for food?  
   Yes  No  DK/Refused

15. In the last 12 months, did any of the children ever skip meals because there wasn’t enough money for food?  
   Yes  No (go to Q17)  DK/Refused (go to Q17)

16. **[IF YES to Q15, ASK]** How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?  
   Almost every month  Only 1 or 2 months  Some months but not every month  DK/Refused

17. In the last 12 months, (was your child/were the children) ever hungry but you just couldn’t afford more food?  
   Yes  No  DK/Refused

18. In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn’t enough money for food?  
   Yes  No  DK/Refused
Self-Efficacy Scale for Food Security

It is often hard to prepare meals the way we might want to. There are usually a lot of demands on our time, and other things often get in the way.

Given these problems, I would like to ask you how confident you are that you can do some things that are related to getting enough food for your family.

For each of the following items I would like you to tell me, on a scale from 1 to 4, how confident you are that you can do each thing.

The scale is:

1 = not at all confident, 2 = not very confident, 3 = somewhat confident, 4 = very confident

How confident are you that you can (Repeat this stem for each item):

1. Plan meals ahead of time?
   1  2  3  4

2. Make your food money last all month?
   1  2  3  4

3. Make a shopping list before going to the grocery store?
   1  2  3  4

4. Compare prices before you buy food to get the best deal?
   1  2  3  4

5. Make low-cost meals?
   1  2  3  4

6. Buy foods that you think are healthy for your family?
   1  2  3  4
Fruit, Vegetable, Fiber and Fat Screener

Think about what you usually ate last month. Think about the foods you ate at breakfast, lunch, dinner, snacks and eating out. About how many times per month, week or day did you eat the following foods?

<table>
<thead>
<tr>
<th>Fruit, vegetable or grain</th>
<th>Less than 1/WEEK</th>
<th>Once a WEEK</th>
<th>2-3 times / WEEK</th>
<th>4-6 times / WEEK</th>
<th>Once a DAY</th>
<th>2+ a DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% Fruit juice, like orange, apple, grape, (not soda or juice drinks)</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>How often do you eat any fruit, fresh or canned (not counting juice)</td>
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<tr>
<td>Vegetable juice, like tomato or V-8</td>
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<td></td>
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<tr>
<td>Green lettuce salad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Vegetable soup or stew with veggies</td>
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<tr>
<td>Any other vegetables, including peas, corn, broccoli or any other kind</td>
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<tr>
<td>Fiber cereals like Raisin Bran, Total or Shredded Wheat</td>
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<td></td>
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<tr>
<td>Brown rice</td>
<td></td>
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<td></td>
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<tr>
<td>Beans such as pinto, kidney or lentils</td>
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<tr>
<td>Dark bread such as whole wheat or rye</td>
<td></td>
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</tr>
</tbody>
</table>

Again, thinking about your eating habits over the past 30 days. About how often do you eat each of the following foods? Remember breakfast, lunch, dinner, snacks and eating out.

<table>
<thead>
<tr>
<th>Meats and Snacks</th>
<th>1/ MONTH or less</th>
<th>2-3 times a MONTH</th>
<th>1-2 times a WEEK</th>
<th>3-4 times a WEEK</th>
<th>5+ times a WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamburgers, ground beef, meat burritos, tacos</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Beef or pork, such as steaks, roasts, ribs</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fried chicken</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot dogs, or sausage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacon or breakfast sausage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salad dressings (not low-fat)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Margarine, butter or mayo on bread</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Margarine, butter or oil in cooking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eggs (not Egg Beaters or egg whites)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pizza</td>
<td></td>
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<tr>
<td>Cheese (not low-fat)</td>
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<tr>
<td>Whole milk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>French fries, fried potatoes</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Corn chips, potato chips or crackers</td>
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<tr>
<td>Doughnuts, pastries, cake, or cookies</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Ice cream</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soda (not diet)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Multidimensional Scale of Perceived Social Support
(Zimet, Dahlem, Zimet & Farley, 1998)

Next, we are interested in how you feel about the following statements. For each statement, please tell me how you feel about each one based on the following scale:

1 = Strongly Disagree  
2 = Disagree a little  
3 = Neutral  
4 = Agree a little  
5 = Strongly Agree

1. There is a special person who is around when I am in need.  
2. There is a special person with whom I can share my joys and sorrows.  
3. My family really tries to help me.  
4. I get the emotional help and support I need from my family.  
5. I have a special person who is a real source of comfort to me.  
6. My friends really try to help me.  
7. I can count on my friends when things go wrong.  
8. I can talk about my problems with my family.  
9. I have friends with whom I can share my joys and sorrows.  
10. There is a special person in my life who cares about my feelings.  
11. My family is willing to help me make decisions.  
12. I can talk about my problems with my friends.

Social Capital Scale:

Now I’m going to ask you some questions about your neighborhood. For each of these questions, please tell me whether you strongly disagree = 1, disagree = 2, agree = 3 or strongly agree = 4.

1. People around here are willing to help their neighbors.  
2. This is a close-knit, or “tight” neighborhood where people generally know one another.  
3. If I had to borrow $30 in an emergency, I could borrow it from a neighbor.  
4. People in this neighborhood generally don’t get along with each other.  
5. People in this neighborhood can be trusted.  
6. If I were sick I could count on my neighbors to shop for groceries for me.  
7. People in this neighborhood do not share the same values.

Is anyone in your family a member of a social or civic organization such as the Boy Scouts, a church, or the PTA? _______ Yes _______ No

How long have you lived in your house or apartment? ___________ years
Health Information

1. Has a doctor ever told you or someone in your household that you: 
   Have diabetes?  _____ Yes  _____ No 
   
   1a. If yes, are you getting treatment or taking medication?  _____ Yes  _____ 
   NO

2. Has a doctor ever told you or someone in your household that you: 
   Have high blood pressure?  _____ Yes  _____ No 
   
   2a. If yes, are you getting treatment or taking medication?  _____ Yes  _____ 
   NO

Now I want to measure your height and weight.

3. Measuring using scale and stadiometer: 
   Height (without shoes) ________ inches  
   Weight (without shoes) ________ pounds 

4. BMI calculation (entered later in office): ______ 
   _____ Underweight  _____ Normal Weight  _____ Overweight  _____ Obese

5. How often do you get moderate exercise, like walking for at least 20 minutes? 
   _____ Once/month  _____ 2-3 x/month  _____ 1x/wk  _____ 2-3 x/wk  _____ 4-6x/wk  _____ 1x/day
Tell the family:

Now I want to ask you some questions about your family.

We will be looking at your CURRENT situation, specifically how your ability to be self-sufficient is influenced by certain situations.

Your input is very important. We will look at ten areas. For each area I will ask several questions about your CURRENT situation.

If you are not comfortable answering a question, please let me know and decline the question. Please do NOT give inaccurate information.

We will do a follow-up interview in about three months so we can see your progress and evaluate the plan we put together.

Do you have any questions?

EDUCATIONAL ATTAINMENT
1a. What is the highest grade you completed in school? (Circle response)
Grade 1 2 3 4 5 6 7 8 9 10 11 12 HSDIPLOMA GED COLLEGE AS BS/BA MA

If less than an associate's degree, ASK:
1b. Have you served a trade apprenticeship or completed a technical certificate?_____

1c. Have you continued your education in any other way? For example, have you taken a Certified Nursing Assistant (CNA) course or other vocational courses; attended college classes or schooling provided by your employer?

__________________________________________
INCOME

2a. Where does your income come from? What money do you have coming in?

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<th>Source</th>
<th>Frequency</th>
<th>Amount</th>
<th>Temporary or Permanent</th>
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2b. Is your income enough to pay for your most basic housing, utilities, food, and clothing expenses? ___YES ___NO

If yes and income is permanent, continue:

2c. Is your income enough to allow for some extras, like birthday gifts and small emergencies under $100? ___YES ___NO

If yes, continue:

2d. Is your income enough to allow for emergencies over $100 and savings? ___YES ___NO

EMPLOYMENT

3a. Are you employed? ___YES ___NO

If not employed, ASK:

3b. How long have you been unemployed? ________

If employed, ASK:

3c. Is your employment temporary or permanent? ____TEMP ____PERM

3d. On average, how many hours per week do you work? ____________

3e. How much do you make per hour? _______________________

HEALTH INSURANCE

4a. Who in your family has health insurance? __________________________

If some are covered, ASK:

4b. Is the coverage through Medicaid, Medicare, Husky, or private insurance? (Circle response)

4c. Does the premium interfere with your ability to pay for housing, utilities, or food? ___YES ___NO

4d. Do the amounts required for deductibles or copays keep you from using needed services? ___YES ___NO

4e. Are frequently used services covered by the insurance? ___YES ___NO
PHYSICAL HEALTH
5a. *Does a family member have any health problems that interfere with anyone’s ability to work or that require special working conditions?*  
   ____ YES  ____ NO (10)  
   If yes, continue:  
5b. *Tell me a little about how the condition impacts their/your ability to work and their/your work attendance.*
   ____________________________________________________________________________

MENTAL HEALTH AND SUBSTANCE ABUSE
These next questions make some people uncomfortable. If you don’t feel you can answer a question, please let me know and we’ll move on to the next section. It’s important that I have accurate information. That way, I will be better able to measure changes.

6a. *Does anyone in your household have any problems with their emotions or mental health?*  
   ____ YES  ____ NO  
   If yes, continue:  
6b. *Please tell me a little about the situation and how it affects your family.*
   If necessary, follow-up with questions about impact on finances, housing, utilities, employment, treatment programs, and medication costs.
   ____________________________________________________________________________

6c. *Does anyone in your household ever use alcohol or drugs in a way that might keep your family from reaching its goals?*  
   ____ YES  ____ NO  
   If yes, continue:  
6d. *Please tell me a little about the situation and how it affects your family.*
   If necessary, follow-up with questions about impact on finances, housing, utilities, employment, treatment programs, and legal problems.
   ____________________________________________________________________________

HOUSING
7a. *How do you describe your housing situation?*  
   ____ Own  ____ Rent  ____ Temporary/living w friend  ____ Transitional/Shelter  
   ____ Homeless

7b. *Do you get any help paying your rent?*  
   ____ Family helping  ____ Renters Rebate  ____ Section 8

7c. *Do you have any problems paying your rent/mortgage on time?*  
   ____ YES  ____ NO

7d. *Have there been any threats of eviction/foreclosure or are you in danger of losing your apt?*  
   ____ YES  ____ NO
What problems, if any, are there with the plumbing, electrical work, heating, water, or structure of the home?

CHILD CARE

Do you have children under age 13? 

If yes, continue:

What arrangements, if any, do you have for your children while you work or attend school?

Are there any barriers, such as transportation, hours of operation, reliability, or copays that make child care a problem?

Do you receive any financial assistance for child care?

How would you describe your child care arrangements in terms of each of the following:

- Safety:
- Cleanliness and general environment:
- Nutritious meals:
- Structured activities:
- Adult supervision:
- Age-appropriate toys:

What back-up plan(s) do you have if your usual provider isn’t available or your child is ill?

TRANSPORTATION

Do you own a car?

Can you borrow a car from a friend or relative?

How do you usually get around when going to work, school, grocery store, and appointments?

What problems, if any, do you have with transportation? For example: reliability, cost, needed routes and schedules, access, need for second car.

If the family has a CAR, ASK:

How often do you have difficulty paying for gas?

How dependable is the car?
PSYCHOSOCIAL AND ENVIRONMENTAL STRESSORS

While everyone experiences some amount of stress, sometimes certain stressors interfere with a family's ability to work toward its goals. For example, domestic violence, legal problems, divorce, dissatisfaction with work, heavy debt, stressful relationships, problems with your children, truancy, and the like can make it hard to keep focused on the things you want to do for your family. I’d like to take a moment now for us to discuss any of these, or other stressors, that might CURRENTLY be affecting your family.

10a. Are you CURRENTLY experiencing any stressors that might make it hard for you to achieve your goals? If so, may we talk about them so we can track changes over time?

Stressor(s) __________________________________________________________

10b. How does the stress impact your ability to take care of your family?

______________________________________________________________

______________________________________________________________

10c. Are you getting help from any other sources to cope with these difficulties?

______________________________________________________________

______________________________________________________________

10d. Have you ever thought about getting help?

______________________________________________________________

______________________________________________________________

Remember, we will repeat these questions again in 3 months and will pay you another $5 then. Thank you very much!
For additional information regarding Freshplace,
Please contact the following agencies and individuals:

**Chrysalis Center, Inc.**
255 Homestead Avenue
P.O. Box 320613
Hartford, CT 06132-0613
860-263-4400
info@chrysaliscenterct.org

**Junior League of Hartford, Inc.**
993 Farmington Avenue
Suite 208
West Hartford, CT 06107
(860) 233-4300
www.jlhartford.org

**Foodshare**
450 Woodland Avenue
Bloomfield, CT 06002-1342
(860) 286-9999
http://site.foodshare.org

**University of Saint Joseph**
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kmartin@usj.edu