FOOD BANK
WICHITA FALLS AREA

Uniting Our Communities
to Fight Hunger with
Food, Education and Advocacy

www.AskKateWF.org

Nutrition Education Request Form

Name of Agency: _____

Type of Agency/Affiliation: _____

Address: _____

Primary Contact: _____

Phone #: _____

Email: _____

Requested date(s) of education:_____ **Requested time of event:** _____

Please describe event and services requested: _____

Topic(s) Requested:

- ☐ Reading Food Labels
- ☐ Fruits and Vegetables
- ☐ Healthy Cooking
- ☐ Food Safety
- ☐ MyPlate/Food Groups
- ☐ Food Budgeting
- ☐ Nutrition and Healthy Lifestyle
- ☐ Decreasing Sodium
- ☐ Portion Control
- ☐ Whole Grains/Fiber
- ☐ Dairy/Calcium
- ☐ Healthy Snacks
- ☐ Energy Balance/Healthy Weight
- ☐ Meal Planning
- ☐ Grocery Shopping
- ☐ Other: _____
- ☐ No Preference

Number of Participants Expected: _____

Age Range of Participants: Preschoolers Children 8-12 Teens 13-18 Adults Seniors Other____

Language (If Other Than English)/Will Translation Be Available?_____

Power Point/Equipment Available: _____

Parking Instructions: _____

Room/Location:

_____

Please send form to tayloroffutt@wfafb.org - Thank you!

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Cooking Matters Agency Application

1. What type of agency/organization are you connected with? *(i.e. School, Faith Organization, Community or Wellness Center, Housing Development, Food Pantry, Shelter etc.)*

   _____

2. Briefly describe your organization's work and mission. (Include types of services, programs, trainings offered to clients)

   _____

   _____

3. Does your agency serve low-income individuals?

   ☐ Yes ☐ No

   What criteria do you use to determine low-income eligibility?

   _____

   _____

4. Is your organization a current partner agency of the Wichita Falls Area Food Bank?

   ☐ Yes ☐ No

5. Note your clientele's demographic information:
   Ethnic background:_____
   Age of clients:_____
   Gender(s):_____
   Economic Situation:_____
   Use of WIC, Food Stamps, Etc.:_____
   Other details:_____

6. How did you hear about Cooking Matters?

   _____

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7. What type(s) of class are you interested in hosting?

☐ Cooking Matters for Adults
☐ Cooking Matters for Child Care Professionals
☐ Cooking Matters for Families
☐ Cooking Matters for Teens (ages 12-17)
☐ Cooking Matters for Kids (ages 8-11)

8. Cooking Matters offers curricula in several different languages, however we typically do not offer bilingual classes. Would your site be interested in hosting a class in any other language other than English?

☐ Yes ☐ No If yes, what language? _____

If yes, will your agency provide a translator?

☐ Yes ☐ No

9. In what ways do you think that cooking and nutrition education would benefit your participants?

_____

_____

10. (*Answer only if requesting a child or teen class)* Does your facility provide clients with a structured environment with scheduled enrichment activities?

☐ Yes ☐ No

If yes, do you currently employ a staff person with a social work or child development background?

☐ Yes ☐ No

11. Does your agency have access to a working kitchen facility for demonstrations and a classroom area large enough to accommodate 10-15 people?

☐ Yes ☐ No (if no, this *does not* automatically disqualify you for classes)

12. Does your agency currently have a van (or other means of transportation) and valid insurance for transporting clients and participants to and from your site and/or to other locales (e.g., the grocery store)?

☐ Yes ☐ No

Please send form to tayloroffutt@wfafb.org - Thank you!

13. The partner agency is responsible for recruiting class participants. What is your current recruitment method? Check all that apply.

☐ Flyers ☐ Phone Calls ☐ Mailings ☐ Newsletter ☐ Other_____

14. How would you rate participation levels for community service programs offered at your facility?

☐ High (100% - 80%) ☐ Moderate (79% - 50%) ☐ Low (49% - 20%) ☐ Do not offer enrichment programs or host events.

15. What months, days, and times are convenient for hosting a Cooking Matters class series at your facility?
Please list your top three choices: *(If very flexible, please note!)*

_____

_____

_____

_____

16. The Cooking Matters program requires agencies to provide childcare for children of adult participants when necessary. Does your agency currently have this capability?

☐ Yes ☐ No

17. Your commitment to hosting a Cooking Matters class series is important to the overall success of this program at your agency. Are you willing and able to be actively involved in recruiting participants, be present during classes and assist with class preparation and other class needs?

☐ Yes ☐ No

18. Before a class can be held at your site, the Cooking Matters program at the Wichita Falls Area Food Bank requires that you sign a Class Coordination Agreement. Would your agency be willing to provide this paperwork?

☐ Yes ☐ No

Thank you for your interest in the Cooking Matters nutrition program. After reviewing your application, we will contact you to discuss the possibility of hosting a class at your agency. We hope to work with you soon!

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For further questions or information about Cooking Matters, please contact the Nutrition Services Director at 940.766.4429

For Nutrition Program use only!

Reviewed by:	**Class Code:**
Date reviewed:	**Date Class Held:**
Accepted:	**Outcome:**

Please send form to tayloroffutt@wfafb.org - Thank you!