

## **Low Cost Cooking for Health- March 2008**

### **Agency Questionnaire**

1. Name of agency:
2. Approximately how many clients have you referred to the program?
3. How has the program helped your clients (better food choices, improved confidence in preparing meals, more aware of other programs in the community, making a weekly commitment.....)?
4. Would you like to see this program continue?
5. Are there changes you think we should make to this program?
6. How has the program helped your agency/program?
7. Has the program helped form partnerships with your agency and the community?