

MONTHLY STATISTICAL REPORT FOR SHARED HARVEST FOODBANK

For the Month of _____ 20__

Complete appropriate Statistical Sections. Reports must be submitted to the foodbank no later than the **15th of the month** following the month to which the report pertains.

Name of Agency: _____ Check here if any new information:

Address: _____ City: _____ Zip: _____

County: _____ Phone: _____ Fax: _____ Email: _____

Name of Person Completing Form: _____

Food Pantry: A part of a foodbank network that distributes food and grocery products to low-income households, including food from sources other than USDA, to relieve situations of emergency and distress. It is housed in a standing facility that distributes commodities, among other food and grocery products, on a regular basis.

| | FOOD PANTRY Statistical Section | | |
|--|--|------------------------|------------------------|
| Check one box: | A | B | C |
| | With Minor Children | Without Minor Children | TOTALS (Column A+B) |
| <input type="checkbox"/> <u>Full Service</u> , All food is available to clients | 1. Number of Households | _____ | _____ |
| <input type="checkbox"/> <u>Partial Service</u> , only produce, bakery or surplus food available to clients | 2. Number of Seniors Served (age 60 & older) | _____ | _____ |
| | 3. Number of Adults Served (age 18-59) | _____ | _____ |
| | 4. Number of Children Served (birth to 17) | 0 | _____ |
| | 5. TOTAL Number of People (2+3+4) | _____ | _____ |

Meal Site: Provides meals to people in need.
Shelter: Provides nights of shelter to homeless people, run away children or victims of abuse.

MEAL SITE and/or SHELTER Statistical Section

A. Number of People (head count) Served: _____

B. Number of Meals (plate count) Served: _____

CONGREGATE and/or RESIDENTIAL MEALS Statistical Section*

A. Number of People (head count) Served: _____

B. Number of Meals (plate count) Served: _____

*federal and state funded food may NOT be used by these agencies

Congregate or Residential Meals:
 Primary service is not food distribution; but meals are included as part of the services provided, including Residential Treatment Facilities, Child or Adult Day Care, Senior Citizen Center, Group Home, Youth Program, Summer Camp etc.

Comments: _____

Thanks for All You Do!

Click [here](#) to electronically submit to Sarah Ormbrek

Mail To: Shared Harvest Foodbank, 5901 Dixie Highway, Fairfield, Ohio 45014-4207;
 FAX To: 513-874-0152 OR CALL: Sarah at 800-352-3663 or 513-874-0114