

MONTHLY STATISTICAL REPORT FOR WEST OHIO FOOD BANK
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	A With Minor Children	B Without Minor Children	C TOTALS (Column A+B)
1. Number of Households	_____	_____	_____
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!

Mail To: _____

FAX To: _____ OR CALL: _____