



MONTHLY REPORT FORM

This report must be turned into SHFB by the 10th of the following month. Please use the Family Count Form to count EACH person and family served.

Date: _____

Partner # _____ Partner Name: _____

Reporting Month: JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC

Which type of distribution does your organization provide? How many times during the month?

Type	Times per month
Pantry	
Mobile Pantry	
Congregate Meal	

Days and times of distributions: _____

Client requirements (if any): _____

Will you accept referrals: ☐ Yes ☐ No If no, why not: _____

Do you provide client choice: ☐ Yes ☐ No If no, why not: _____

TOTAL number of **Individuals** were provided food/meal this month: _____

(Of the above total, how many **Homeless** were provided food/meal this month): _____

TOTAL number of **Families** were provided food/meal this month: _____

*Optional – Please share with us a success story from one of your distributions and/or clients. You can use a separate page for your story. Please note that by filling out this portion of the report you are consenting to allow us to use your story in our quarterly newsletter or other media outlets.

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