



Monthly Report (Due by the 10th of each month)

We appreciate you completing this report. Please remember to report the **previous** month's totals. For example, if you're completing the report in October the total numbers should be from September 1 through September 31.

Reporting Month/Year: _____ Agency Number: _____

Agency Name: _____

Person completing this report: _____

Pantry

Please answer the following if your agency has a food pantry?

Total number of Households served this month: _____

Total number of Individuals served this month: _____

Total number of clients turned away this month due to lack of food? _____

What items, if any, did you get somewhere other than the San Diego Food Bank?

Other (e.g. soup kitchen, after school program, group home, daycare...)

Please answer the following if your agency has a program that provides meals or snacks.

Total number of individuals served this month (count each individual only once) _____

Total number of meals served this month (ex: 3 meals/day times 30 days = 90) _____

Total number of snacks served this month: _____

Total number of clients turned away this month due to lack of food? _____

What items, if any, did you get somewhere other than the San Diego Food Bank?

Program Changes/Additional Information (please report any changes you made to your program such as new hours, additional distributions, staff changes, change of address...)

To retain your membership privileges please deliver, mail, faxed or e-mail this report by the 10th day of each month.

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