

# 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 **15<sup>th</sup> 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.

Check one box:

☐ Full Service,  
All food is available  
to clients

☐ Partial Service,  
only produce,  
bakery or surplus  
food available to  
clients

## 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. <b>TOTAL</b> 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