

FOOD Share, Inc.
USDA Monthly Report

Rev 4/08

FAX 805-983-3376

PLEASE PRINT!

Report for the Month of _____, 200__

Name of Agency _____ Agency Account # _____

Name of Person Completing Report _____

Daytime Phone Number _____

Section A

Congregate Feeding Sites (only people eating meals on site) complete this section

# of New People	Total # of People	Total # of Meals Served

Section B

USDA Agencies complete this section

A	B	C	D	E	F	G
# of Small Families (1-3)	# of Med Families (4-6)	# of Large Families (7+)	Total # of Households (A+B+C)	Total # of People	# of New People	# of New Households

Number of Households Turned Away _____

USDA Food Pick Up Schedule

We would like the following pick up schedule for next month:

Pick up #1 on _____ Pick up # 2 on _____
Date Date

Please deliver the order to _____ on _____

Special Needs/Comments