



## Emergency Food Pantry Monthly Report

Month: \_\_\_\_\_ Agency Account #: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Report completed by: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Persons Served:

1. Total # of Adults Served:

2. Total # of Children Served:

3. Total # of Seniors Served:

**Total Persons Served:**

**First Time Visit Households Served** (Total in "Yes" column)

**First Time Visitors** (Total number in Household)

**Households Served** (How many people signed the log):