



## Mobile Food Pantry Monthly Report

Month: \_\_\_\_\_ Year: \_\_\_\_\_

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

### Persons Served:

1. Total # of Adults Served:

2. Total # of Children Served:

3. Total # of Seniors Served:

**Total Persons Served:**

---

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

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

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

**Households answering YES to "Is your need for food due to COVID-19?"**