



AGENCY INFORMATION UPDATE FORM 2025

Please complete both sides of this form.
Scan/Email to: agencies@careandshare.org

Agency Name: _____

Executive Director or Agency Lead: _____

Executive Director or Agency Lead Email: _____ **Phone:** _____

Site address: _____ **City:** _____ **Zip:** _____

Does your organization expend \$750,000 or more in Federal awards during your fiscal year? Yes No

Program Contacts

Primary Contact for day-to-day business and other urgent matters

1st Contact: _____ **Phone:** _____ **Email:** _____

2nd Contact: _____ **Phone:** _____ **Email:** _____

Person Certified in Food Safety: _____

Person Who Submits Monthly Reports: _____

Second Person Who Submits Monthly Reports (If applicable): _____

Food Program using Care and Share food (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Day Care Program (Child/Adult) | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Residential/Rehab Program |
| <input type="checkbox"/> The Emergency Food Assistance Program (TEFAP) | <input type="checkbox"/> Snack Program | <input type="checkbox"/> Soup Kitchen/Meal Site |
| <input type="checkbox"/> Commodity Supplemental Food Program (CSFP) | <input type="checkbox"/> Shelter | <input type="checkbox"/> Youth Program |
| <input type="checkbox"/> Shelter (Homeless/Domestic Violence) | <input type="checkbox"/> Other _____ | |

Days and Hours of Operations

Note: This section needs to be completed by agencies that are open to the general public and need to be listed on FindFood.

Day food program services are available: 1st 2nd 3rd 4th All

Sun Mon Tue Wed Thu Fri Sat

Hours of operation: _____

Service Area (zip codes, counties): _____

Agency Express Authorized Users (authorized for online ordering/reporting)

1. _____ 3. _____

Email: _____ **Email:** _____

2. _____ 4. _____

Email: _____ Email: _____

Is attendance of religious services required in order to receive food? Yes No
Is religious literature included with provided food? Yes No

Service Insights on MealConnect (SIMC) Authorized Users

1. _____ 3. _____

Email: _____ Email: _____

Admin Intake Admin Intake

2. _____ 4. _____

Email: _____ Email: _____

Admin Intake Admin Intake

Data Intake Platform (if not SIMC)

Exempt – School program

EmpowOR

Other: _____