

# FOODBANK MONTHLY STATISTICAL REPORT FORM

For the Month of  20

Tab through the document to complete appropriate Statistical Sections. Reports must be submitted to the ODJFS and/or OASHF as required by ODJFS and/or OASHF.

Name of Foodbank:

Date:

Name of Person Completing Form:

Phone Number:

## FOOD PANTRY Statistical Section

Number of Agencies

	A With minor children	B Without minor children	C TOTALS (Column A+B)
1. Number of Households			0
2. Number of Seniors Served (age 60+)			0
3. Number of Adults Served (18-59)			0
4. Number of Children Served (birth-17)		0	0
5. TOTAL Number of People Served (2+3+4)	0	0	0

## MEAL SITE and/or SHELTER Statistical Section

A. Number of People (head count) Served:

B. Number of Meals (plate count) Served:

C. Total Number of Agencies:

## CONGREGATE and/or RESIDENTIAL MEALS Statistical Section\*

A. Number of People (head count) Served:

B. Number of Meals (plate count) Served:

C: Total Number of Agencies

\*federal and state funded food may NOT be used by these agencies

Comments:

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