

Ohio Department of Job and Family Services  
**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)**  
**LOCAL AGENCY MONTHLY STATISTICAL REPORT - ELECTRONIC**

For the Month of \_\_\_\_\_ 20\_\_\_\_\_

For use by local agencies that receive federal and/or state funded food. Tab through the form to complete the appropriate Statistical Sections. Reports must be submitted to the **foodbank** within \_\_\_\_\_ working days after the end of the month to which the report pertains.

Check here if any new information

Name of Agency				
Address		City	State	Zip Code
County	Phone	Fax	eMail	
Name of Person Completing Form				

**FOOD PANTRY Statistical Section**

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

**MEAL SITE and/or SHELTER Statistical Section**

A. Number of People (head count) Served \_\_\_\_\_

B. Number of Meals (plate count) Served \_\_\_\_\_

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

A. Number of People (head count) Served \_\_\_\_\_

B. Number of Meals (plate count) Served \_\_\_\_\_

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

Comments:

Please fax to \_\_\_\_\_ at \_\_\_\_\_  
or email to \_\_\_\_\_

*Thanks for All You Do!*

## STATISTICAL REPORTING PROCEDURE

### Local Agencies – Food Pantry

The A or B designation box was designed to aid in the completion of the statistical reporting. The use of the box is optional. If you choose to use the box, the food pantry workers will review the form and designate it as an “A” or “B” household by checking the appropriate line in the box in the top corner of the form. “A” households are those **with minor child/children**. “B” households are those consisting of **only adult** residents.

At the end of the month, the food pantry worker will:

**Step 1.** Sort the forms into “A” or B households.

**Step 2.** On **Line 1** enter the number of “A” households in column A and the number of “B” households in column B. Enter the total number of households in column C.

On **Line 2** enter the number of seniors in the “A” households in column A and the number of seniors in the “B” households in column B. Enter the total number of seniors in column C.

On **Line 3** enter the number adults in the “A” households in column A and the number adults in the “B” households in column B. Enter the total number of adults in column C.

On **Line 4** enter the number of children in the “A” households in column A. Line 4 Column B will always be zero. Enter the total number of children in column C.

On **Line 5** enter the total of columns A, B and C.

**Step 3.** Complete the rest of the form, as applicable.

### Local Agencies – Meal Site, Shelter Congregate/Residential Meals

Complete the form as applicable.

**All local agencies will submit the form to the foodbank by the 15<sup>th</sup> of the month following the month to which the report pertains or within a time frame to be determined by the foodbank.**