



1415 Rhoadmiller Street  
 Richmond, VA 23220  
 (804) 521-2500 FAX (804) 521-2501

**FOOD PANTRY/SOUP KITCHEN  
 MONTHLY REPORT  
 DUE BY THE 5<sup>TH</sup> OF EACH MONTH**

AGENCY # \_\_\_\_\_ AGENCY NAME \_\_\_\_\_

Person Completing The Report \_\_\_\_\_ Phone # \_\_\_\_\_

**DAYS/HOURS FEEDING FACILITY IS OPEN TO CLIENTS**

↑PLEASE /CHECK ALL DAYS THAT APPLIES↓

MONDAY\_\_\_ TUESDAY\_\_\_ WEDNESDAY\_\_\_ THURSDAY\_\_\_ FRIDAY\_\_\_ SATURDAY\_\_\_ SUNDAY\_\_\_  
 \_\_\_\_\_AM TO \_\_\_\_\_AM      \_\_\_\_\_AM TO \_\_\_\_\_PM      \_\_\_\_\_PM TO \_\_\_\_\_PM

Does your agency screen clients for Food Stamp participation? \_\_\_\_ yes or \_\_\_\_ no If yes or no, please give clients this 1-800-221-5689 number to find out whether they qualify.

**NUMBER OF PARTICIPANTS:**

REPORTING MONTH \_\_\_\_\_

TOTAL ELDERLY SERVED -

TOTAL CHILDREN UNDER 18 SERVED -

TOTAL ADULTS SERVED -

TOTAL INDIVIDUALS SERVED -

TOTAL HOUSEHOLDS SERVED -

TOTAL VOLUNTEERS -

TOTAL VOLUNTEER HOURS -

**RECORD KEEPING INFORMATION  
PLEASE USE THE FOLLOWING DESIGNATIONS**

**A = ADULTS - 18-54**

**C= CHILDREN 17 AND UNDER**

**E= ELDER - 55+**

**T= TOTAL OF ALL ABOVE**

1 A _____ C _____ E _____ T _____	2 A _____ C _____ E _____ T _____	3 A _____ C _____ E _____ T _____	4 A _____ C _____ E _____ T _____	5 A _____ C _____ E _____ T _____	6 A _____ C _____ E _____ T _____	7 A _____ C _____ E _____ T _____
8 A _____ C _____ E _____ T _____	9 A _____ C _____ E _____ T _____	10 A _____ C _____ E _____ T _____	11 A _____ C _____ E _____ T _____	12 A _____ C _____ E _____ T _____	13 A _____ C _____ E _____ T _____	14 A _____ C _____ E _____ T _____
15 A _____ C _____ E _____ T _____	16 A _____ C _____ E _____ T _____	17 A _____ C _____ E _____ T _____	18 A _____ C _____ E _____ T _____	19 A _____ C _____ E _____ T _____	20 A _____ C _____ E _____ T _____	21 A _____ C _____ E _____ T _____
22 A _____ C _____ E _____ T _____	23 A _____ C _____ E _____ T _____	24 A _____ C _____ E _____ T _____	25 A _____ C _____ E _____ T _____	26 A _____ C _____ E _____ T _____	27 A _____ C _____ E _____ T _____	28 A _____ C _____ E _____ T _____
29 A _____ C _____ E _____ T _____	30 A _____ C _____ E _____ T _____	31 A _____ C _____ E _____ T _____				

**→RECOMMENDED TIP FOR COUNTING↓**

1. If you feed clients more than once a day, once a week or once a month, please count the client every time he or she is serviced.