

PLEASE COMPLETE IN ENTIRETY



Central Illinois Foodbank
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FY2023TANF

SUMMARY REPORT

Please complete and return by the 10th of each month.

AGENCY NAME: _____ ID #: _____

YOUR NAME: _____

MONTH OF REPORT: _____ YEAR 2023

Individuals
served

- Total # Individuals served: _____
Sum of all members in each household with children.
This number WILL NOT match total number of individuals on monthly distribution report.

Children
Served

- Total # children served: _____
Sum of all children only
This number should match the total number of children on your monthly distribution report

Families Served

- Total # families served: _____
Sum of all households with children. **This number WILL NOT match total number of families on monthly distribution report.**

PLEASE REMEMBER TO SUBMIT CHANGE OF CONTACT INFO