

\*\*\*PLEASE COMPLETE IN ENTIRETY\*\*\*



Central Illinois Foodbank  
P.O. Box 8228, SPRINGFIELD, IL 62791  
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foodlist@centralilfoodbank.org



## MONTHLY DISTRIBUTION REPORT

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

AGENCY NAME: \_\_\_\_\_ ID #: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

MONTH OF REPORT: \_\_\_\_\_ YEAR \_\_\_\_\_

### USDA Commodity Sites

- # Households receiving food stamps (SNAP): \_\_\_\_\_ = (Number of signatures completed on the DHS signature sheet who checked "yes" to receiving SNAP - far right column)
- # Food Stamp Applications distributed: \_\_\_\_\_

### Food Pantry Sites

- # Individuals served: \_\_\_\_\_ = (Sum of all members in each household)
- # Children served: \_\_\_\_\_
- # Households served: \_\_\_\_\_ = (Number of signatures completed on the signature sheet – will always be less than the total # individuals served)

### On-Site Feeding Programs

- # Individuals served: \_\_\_\_\_
- # Meals served: \_\_\_\_\_
- # Snacks served: \_\_\_\_\_

### Other Updates

- Are you closed during a normal day of distribution? Y or N
- If so, report the closure here: \_\_\_\_\_
- Have hours of distribution changed since last report? Y or N
- If so, please note new hours of distribution here: \_\_\_\_\_

\*\*\*PLEASE REMEMBER TO SUBMIT CHANGE OF CONTACT INFO\*\*\*