PLEASE COMPLETE IN ENTIRETY



Central Illinois Foodbank P.O. Box 8228, SPRINGFIELD, IL 62791 217-522-4022 (phone) -- 217-522-6418 (fax) 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: = (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 Yor N N If so, report the closure here: Have hours of distribution changed since last report? Y Yor N N If so, please note new hours of distribution here: