

Monthly Report: Please Circle the Month You Are Reporting For

January February March April May June July August September October November December

Year: _____

FOOD Share, Inc., 4156 Southbank Road, Oxnard, CA 93036
Phone: (805) 983-7100 Ext. 103

IMPORTANT! IF YOU FAX YOUR REPORT, PLEASE BE SURE TO SEND IT TO (805) 604-1542. Thank You.

Agency Name _____ Agency Number _____
 Completed By _____
 (Please **PRINT**) _____ **Signature** _____
 Date _____ Phone Number _____

Section 1

This section is to document the unduplicated number of individuals and families served during each fiscal year (July 1st thru June 30th)

All members of all new households served this month (People are new only at first visit each year):	Total #1
--	----------

AGE GROUPS

0-4	
5-10	
11-15	
16-18	
19-59	
60+	
Declined to Report	
Total	Should match Total #1

GENDER

Male	
Female	
Declined to Report	
Total	Should match Total #1

ETHNICITY

	Non-Hispanic	Hispanic
American Indian/Alaskan Native		
Asian		
Black / African American		
Native Hawaiian / Pacific Islander		
White		
American Indian/Alaskan Native and White		
Asian and White		
Black / African American and White		
American Indian/Alaskan Native and Black / African American		
Other		
Declined to Report		
Total		
Total of Non-Hispanic and Hispanic	Should match Total #1	

Questions? Please call Agency Relations, 805-983-7100 Ext. 103

NEW CLIENTS SERVED (New Year begins July 1)

HOMELESSNESS	
New homeless Individuals (Homeless singles and all members of homeless families)	

HOUSEHOLDS	
Total of all new households served within this MONTH	
Total of all new female heads of households served within this MONTH	
Total of all new homeless families (of 2 or more members) served within this MONTH	

INCOME LEVEL per NEW HOUSEHOLD - See HUD Guidelines below.	
Number of New Households at Very Low (not %)	
Number of New Households at Extremely Low (not %)	
Number of New Households at Low (not %)	
Declined to Report	

2018 INCOME LIMITS SCHEDULE FOR VENTURA COUNTY

FY 2018 Income Limit Category	PERSONS IN FAMILY							
	1	2	3	4	5	6	7	8
Very Low (50%) Income Limits (\$)	35,500	40,600	45,650	50,700	54,800	58,850	62,900	66,950
Extremely Low Income Limits (\$)*	21,300	24,350	27,400	30,400	32,850	35,300	38,060	42,380
Low (80%) Income Limits (\$)	56,800	64,900	73,000	81,100	87,600	94,100	100,600	107,100

*NOTE: The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services (HHS), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

What's New with Your Agency? Please tell us about changes of staff, scheduling, or shoppers, and any special events.

Questions? Please call Agency Relations, 805-983-7100 ext 103

Section 2

Enter the number of new and returning people served and the amount of food distributed within the month.

Fill out all applicable categories: All totals are for this reporting month only.

A: Congregate Meal Programs

Total Number of Days Food Was Distributed: _____
Total Number of People Who Received Food: _____
Total Number Given Out or Served:
Bags/Boxes of Food: _____
Meals: _____

B: Residential/Day/After school/Snack Programs

Total Number of Days Food Was Distributed: _____
Total Number of People Who Received Food: _____
Total Number Given Out or Served
Meals: _____
Snacks: _____

C: Pantries

Total Number of Days Food Was Distributed: _____
Total Number of People Given Food: _____
Total Number Given Out or Served:
Bags/Boxes of Food: _____

Please return to FOOD Share by doing one of the following:

Fax to 805-604-1542 Attn: Agency Relations Assistant
Hand deliver to the Customer Service Desk or the Agency Relations Coordinator
Mail to FOOD Share, Attn: Agency Relations Assistant, 4156 Southbank Rd, Oxnard, CA 93036

Questions? Please call Agency Relations, 805-983-7100 ext 103

COMMUNITY DONATIONS REPORT

That National Headquarters of Albertson's, Von's, Ralph's, and Panera Bread who are all Feeding America members, have asked us to contribute to their national mapping of the ways food by local branches reach communities of need. To help the national offices of these chain stores learn more about donations in Ventura County, would you please provide an estimate of the types and amounts of food you collected from Albertson's, Von's, Ralph's, Panera Bread on a monthly basis. This information will be sent to their respective National Headquarters along with a thank you letter of appreciation for the generous donations our locals stores are providing to our agency members. We sincerely appreciate and THANK YOU for your time and information.

Month /Year: _____ Agency Account #: _____

AGENCY NAME: _____

DONOR / STORE NAME:		
CONTACT:		
ADDRESS:		
Donated Items:	Estimated Pounds	Pick - Up Days
Bread/Patrics		
Dairy and Deli		
Rescued Food (Pasta, canned food, grocery items)		
Produce		
Frozen Protein (Meats or Fish)		
OTHER:		

DONOR / STORE NAME:		
CONTACT:		
ADDRESS:		
Donated Items:	Estimated Pounds	Pick - Up Days
Bread/Patrics		
Dairy and Deli		
Rescued Food (Pasta, canned food, grocery items)		
Produce		
Frozen Protein (Meats or Fish)		
OTHER:		

DONOR / STORE NAME:		
CONTACT:		
ADDRESS:		
Donated Items:	Estimated Pounds	Pick-Up Days
Bread		
Dairy and Deli		
Rescued Food (Pasta, canned food, grocery items)		
Produce		
Frozen Protein (Meats or Fish)		
OTHER:		

Poundage Estimates (Based on quantities that would fit into a 9" x 20" "Banana Box):

Produce = 40 lbs; Canned Goods = 45 lbs; Dry items = 35 lbs; Dairy/Deli = 40 lbs;
 Frozen Protein = 50 lbs; A gallon of milk weighs 8.5 lbs