



Food Share, Inc.
USDA Monthly Report Due the 5th of each month
 Fax Completed Form to 805-604-1542
 Attn: Agency Relations

PLEASE PRINT!

Report for the Month of _____ YEAR: _____

Name of Agency _____ Agency Account # **US** _____

Name of Person Completing Report _____

Daytime Phone Number _____

ELECTRONIC SIGNATURE (e-signature)

Section B

USDA Agencies complete this section

A	B	C	D	E	F	G
# of Small Families (1-3)	# of Med Families (4-6)	# of Large Families (7+)	Total # of Households (A+B+C)	Total # of all People (aka individuals, family members)	Total # of New Households (# of "YES")	Total # of New "Yes" Household Members (# family members of "YES")

Number of Households Turned Away _____ Number of People Turned Away _____

Section C

USDA Food Pick Up Schedule

Chose Pick up **OR** Delivery below:

Pick up #1 on _____ Date
 Pick up # 2 on _____ Date

Deliver the order to _____ on _____ Date
Address

Bread/Produce Requests

**Number of Produce Cases Requested _____

**Number of Bread Cases Requested _____

**Food Share, Inc. will strive at meeting your produce/bread requests. However, due to shortages, there may be times that we are unable to fill the request.

Special Needs/Comments