

**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 \_\_\_\_\_ Signature \_\_\_\_\_  
 (Please PRINT) \_\_\_\_\_  
 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
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**AGE GROUPS**

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

**GENDER**

Male	
Female	
Declined to Report	
<b>Total</b>	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		
<b>Total</b>		
<b>Total of Non-Hispanic and Hispanic</b>	Should match Total #1	

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

**NEW CLIENTS SERVED (New Year begins July 1)**

<b>HOMELESSNESS</b>	
<b>New homeless Individuals</b> (Homeless singles and all members of homeless families)	

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

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

**2024 Ventura County Income Guidelines**

<b>Category</b>	<b>Income Level</b>	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>	<b>7 Person</b>	<b>8 Person</b>
Extremely Low	0%-30%	\$29,550	\$33,800	\$38,000	\$42,200	\$45,600	\$49,000	\$52,350	\$55,750
Very Low	31%-50%	\$49,250	\$56,300	\$63,350	\$70,350	\$76,000	\$81,650	\$87,250	\$92,900
Low	51%-80%	\$78,800	\$90,050	\$101,300	\$112,550	\$121,600	\$130,600	\$139,600	\$148,600
Median	81%-110%	\$87,900	\$100,500	\$113,050	\$125,600	\$135,650	\$145,700	\$155,750	\$165,800
Moderate	81%-120%	\$105,500	\$120,550	\$135,650	\$150,700	\$162,750	\$174,800	\$186,850	\$198,900

Based on current effective median income for Ventura County, as set forth in Cal. Code Regs. Title 25, Section 6932, revised annually. Effective June 6, 2023

**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**

Page 2 of 3 (See tabs below): All 3 pages must be completed.

**FOOD Share Monthly Report - Page 3**

**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:**

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**