

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

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	

2025 Ventura County Income Guidelines

Category	Income Level	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Extremely Low	0%-30%	\$31,450	\$35,950	\$40,450	\$44,900	\$48,500	\$52,100	\$55,700	\$59,300
Very Low	31%-50%	\$52,400	\$59,900	\$67,400	\$74,850	\$80,850	\$86,850	\$92,850	\$98,850
Low	51%-80%	\$83,850	\$95,800	\$107,800	\$119,750	\$129,350	\$138,950	\$148,500	\$158,100

Based on current effective median income for Ventura County, as set forth in Cal. Code Regs. Title 25, Section 6932, revised annually. Effective April 1, 2025

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.

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