

Local Agency Monthly Report (Upstate)

Month _____

Year _____

Instructions: See Reverse

HPNAP #

Agency Name _____

PROGRAM TYPE: (check only one)

FOOD PANTRY (distributes food packages or vouchers, also called cupboards or shelves)

SOUP KITCHEN or ON-SITE MEAL PROGRAM (serves ready-to-eat meals)

PROGRAM NAME _____

ADDRESS _____ COUNTY _____ ZIP CODE _____

DAILY WORKSHEET

1 *Households _____ Children _____ Adults _____ Elderly _____	2 Households _____ Children _____ Adults _____ Elderly _____	3 Households _____ Children _____ Adults _____ Elderly _____	4 Households _____ Children _____ Adults _____ Elderly _____	5 Households _____ Children _____ Adults _____ Elderly _____	6 Households _____ Children _____ Adults _____ Elderly _____	7 Households _____ Children _____ Adults _____ Elderly _____
8 Households _____ Children _____ Adults _____ Elderly _____	9 Households _____ Children _____ Adults _____ Elderly _____	10 Households _____ Children _____ Adults _____ Elderly _____	11 Households _____ Children _____ Adults _____ Elderly _____	12 Households _____ Children _____ Adults _____ Elderly _____	13 Households _____ Children _____ Adults _____ Elderly _____	14 Households _____ Children _____ Adults _____ Elderly _____
15 Households _____ Children _____ Adults _____ Elderly _____	16 Households _____ Children _____ Adults _____ Elderly _____	17 Households _____ Children _____ Adults _____ Elderly _____	18 Households _____ Children _____ Adults _____ Elderly _____	19 Households _____ Children _____ Adults _____ Elderly _____	20 Households _____ Children _____ Adults _____ Elderly _____	21 Households _____ Children _____ Adults _____ Elderly _____
22 Households _____ Children _____ Adults _____ Elderly _____	23 Households _____ Children _____ Adults _____ Elderly _____	24 Households _____ Children _____ Adults _____ Elderly _____	25 Households _____ Children _____ Adults _____ Elderly _____	26 Households _____ Children _____ Adults _____ Elderly _____	27 Households _____ Children _____ Adults _____ Elderly _____	28 Households _____ Children _____ Adults _____ Elderly _____
29 Households _____ Children _____ Adults _____ Elderly _____	30 Households _____ Children _____ Adults _____ Elderly _____	31 Households _____ Children _____ Adults _____ Elderly _____	TOTALS THIS MONTH: Households _____ Children _____ Adults _____ Elderly _____			

*Household information is required for food pantries only. Soup kitchens are not required to complete household data.

Did you receive enough food to adequately feed all those you wanted to serve ? Yes No

COMPLETED BY _____ DATE _____ TELEPHONE # _____

RETURN COMPLETED FORM TO:

HPNAP Monthly Report
 Foodlink, Inc.
 936 Exchange Street
 Rochester, NY 14608

INSTURCTIONS FOR COMPLETING YOUR MONTHLY REPORT:

1. Please print or type all information.
2. Submit the form by the 10th of the month following the reporting period
3. **AGENCY NAME:** Fill in the name of the organization, which operates the feeding site. Example: if St. Luke's Church operates a food pantry in its basement, than you would fill in St. Luke's Church in the AGENCY NAME space.
4. **DISTRIBUTION SITE:** Fill in the name and address of the actual site where emergency food is being served. Some agencies may have several distribution sites. **EACH SITE MUST MAINTAIN A SEPARATE REPORT.** Example: if St. Luke's Church operates a food pantry in its basement, then they would complete a report for St. Luke's Food Pantry. If St. Luke's Church also operates a soup kitchen two blocks away then they would complete a separate report for the soup kitchen. The worksheet shows dates such as January 1, January 2, not days of the week. It can be used for any month. Do not confuse dates and days.
5. **COMPLETING THE DAILY WORKSHEET:** Use the worksheet to indicate the number of persons fed by your program.
6. **TOTALS THIS MONTH: This is the most important part of the report. Please complete it accurately.**

FOR FOOD PANTRIES ONLY

- COUNT each person in the household who received food, even if only one person came to the pantry
- COUNT every person each time they receive food from the pantry

FOR SOUP KITCHENS AND ON-SITE MEAL PROGRAMS ONLY

COUNT each person served a meal at each mealtime.

For example, if a person is served breakfast and lunch at your site in the same day, count this as two person visits for the day.

COUNT persons returning for "seconds" at a single mealtime as one person served

AGE OF CLIENTS

- If you do not know a client's age, please estimate.
- **CHILDREN:** All those between 0 and 17 years of age.
- **ADULTS:** Those between 18 and 64 years of age.
- **ELDERLY:** Those 65 years and older.