



San Antonio Food Bank MEMBER AGENCY MONTHLY REPORT

Due to The San Antonio Food Bank by the 5th Day of every month

FAX (210) 431-8329
DROP OFF AT OUR MAIN OFFICE

MAIL 5200 OLD HWY 90 W 78227
SUBMIT via website www.safoodbank.org

FAILURE TO SUBMIT THIS REPORT WILL RESULT IN PRODUCT HOLD UNTIL ALL REPORTS ARE RECEIVED.

FAIR NOTICE: AGENCIES ON HOLD FOR REPORTS THAT BRING IN THE LATE REPORTS ON THEIR SCHEDULED WAREHOUSE PICK-UP DAY WILL NOT BE ALLOWED TO RECEIVE PRODUCTS, AS THE HOLD WILL NOT BE LIFTED IN OUR COMPUTER SYSTEM UNTIL AFTER THE WAREHOUSE CLOSES FOR THE DAY.

REQUIRED FOR ALL AGENCIES: if you did not serve anyone, please mark a 0 in all appropriate spaces

MONTH: YEAR:
NAME OF AGENCY:
ACCOUNT NUMBER:
MONTH REPORTING FOR:
TOTAL NUMBER OF PEOPLE SERVED:
TOTAL NUMBER OF FAMILIES SERVED:

TOTAL CLIENTS SERVED, BY AGE: (REQUIRED)
0-5 YEARS
6-18 YEARS
19-40 YEARS
41-60 YEARS
OVER 60

NOW, PLEASE INDICATE WHICH CATEGORIES COMPRISE THE MAJORITY OF YOUR CLIENTS THIS MONTH (TO THE BEST OF YOUR KNOWLEDGE):

ABUSE VICTIMS % PHYSICALLY DISABLED % MENTALLY DISABLED %
ELDERLY % PEOPLE WITH CHRONIC PHYSICAL ILLNESS % (HIV, CANCER, KIDNEY, DIABETES, SUBSTANCE/ALCOHOL ABUSE, ETC.)
TRANSIENT HOMELESS % OTHER % (WOMEN, CHILDREN, WORKING POOR, UNDOCUMENTED CLIENTS ETC.)

FOR FOOD PANTRIES OR USDA DISTRIBUTION SITES:

NUMBER OF DAYS THIS MONTH YOUR AGENCY GAVE FOOD ASSISTANCE: (INCLUDE NON-SCHEDULED DAYS, and EMERGENCY CASES IN ADDITION TO YOUR REGULAR DAYS OF OPERATION.)

REMEMBER: YOU MUST ENSURE THAT ALL INDIVIDUALS RECEIVING USDA COMMODITIES ARE APPROPRIATELY QUALIFIED AND COMPLETE SAFB DOCUMENTATION

FOR SOUP KITCHENS, GROUP HOMES, SHELTERS, KIDS CAFES, SR. CTRS, DAYCARES ETC.

NUMBER OF TIMES YOU SERVED PER DAY, THIS MONTH:
NUMBER OF TIMES YOU SERVED PER WEEK, THIS MONTH:
TOTAL BREAKFASTS: TOTAL LUNCHES: TOTAL SUPPERS: TOTAL SNACKS: