



# Monthly Statistics Report

Reports are due no later than 10 days following the end of the reporting month.

Please complete all information including agency name and code.  
Your report may not be entered into our system if this information is not included.

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

**Reporting Month & Year:**

## FOOD PANTRIES

**INDIVIDUALS:**  
COUNT EACH INDIVIDUAL ONLY ONCE for the month you are reporting, even if they were served more than once during the month.

Total Individuals \_\_\_\_\_

**TOTAL HOUSEHOLDS SERVED:**  
COUNT EACH HOUSEHOLD ONLY ONCE for the month you are reporting, even if they were served more than once during the month.

Total Households \_\_\_\_\_

**TOTAL HOUSEHOLD VISITS:**  
Simply count EACH AND EVERY household VISIT. If you served 20 households, and 10 came once and the other 10 came twice, your total number of visits would be 30. Please remember to include any emergency visits even if they occurred outside of your normal hours of distribution.

Total Number of Household Visits \_\_\_\_\_

## MEAL SITES

Total Meals Served \_\_\_\_\_

## SHELTERS

Total Meals Served \_\_\_\_\_

Please return this form to:  
RICFB, c/o Patti Perry, 200 Niantic Avenue, Providence, RI 02907  
Email: [pperry@rifoodbank.org](mailto:pperry@rifoodbank.org) or fax to: 942-2114.