



Monthly Statistics Report

Reports are due no later than 15 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 _____

Please answer to the best of your ability:

Did you help **new** families this month?
If yes, how many **new** families came for food? _____

MEAL SITES

Total Meals Served _____

SHELTERS

Total Meals Served _____

Please return this form to:
RICFB, c/o Kelly LeBeau, 200 Niantic Avenue, Providence, RI 02907
Email: klebeau@rifoodbank.org or fax to: 942-2328.