



## Monthly Report Form

**\*This report must be turned in by the 5th of each month\***

Agency Name: \_\_\_\_\_

Reporting Month: JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC

Reporting Year: \_\_\_\_\_

TOTAL number of **Individuals** served this month: \_\_\_\_\_

Number of **Unduplicated Individuals** served this month: \_\_\_\_\_

\*If there was any changes to your normal distribution schedule, let us know below\*

Where did you distribute: \_\_\_\_\_

Days and times of distribution: \_\_\_\_\_

Location #2 (if applicable) \_\_\_\_\_

Day and times of distribution: \_\_\_\_\_

If you distributed at more than 2 new locations, please provide additional addresses and days and times of distributions on the back of this form

Optional– If you have pictures or client stories we would love to have them.

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