

FOOD BANK OF DELAWARE  
MONTHLY HUNGER RELIEF TRACKING SHEET

This tracking is to ensure all the communities needs are being met. All Hunger Relief Partners are required to track and submit numbers on a monthly basis. Please submit a separate form for each of your feeding programs.

Agency \_\_\_\_\_

Account # \_\_\_\_\_

County:(Please circle one)      **NCC**                      **KENT**                      **SUSSEX**

MD

Month:(Please circle one)      JAN      FEB      MAR      APR      MAY  
JUN      JUL      AUG      SEP      OCT      NOV      DEC

Contact Person \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

Please indicate the total number of households, individuals, adults, children, and first-time participants for the month which you have indicated above. A first time client is one whom you have not serviced before OR one who has not sought your services since **JULY 1st of 2017**.

	Total # of Households	Total # Adults	Total # Children	Unduplicated # of Households	Unduplicate d # Adults	Unduplicated # Children	# of Households First Visit Since 7/1/17? (running tally)
<b>Total</b>							

The total #'s of households, adults and children are the total number served during the month.

The unduplicated #'s should reflect the first time the client is served in the month but not any return visits.

**The first visit should reflect the households who are being served for the first time since 7/1/17.**

Please be aware that this sheet supercedes all previous tally sheets distributed by the Food Bank and should be completed each month and returned promptly to ensure that our records remain accurate. Thank you for your cooperation, it is greatly appreciated. **The back of this form is provided for you to use as a worksheet to better track your clients. PLEASE DO NOT FAX THE WORKSHEET, keep it for your records!**

Please email to CService@fbd.org or send to Food Bank of Delaware, Delaware Industrial Park, 14 Garfield Way, Newark, DE 19713; Attention: Newark Programs Manager