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 PA

Other_____

Month:(Please circle one) JAN FEB MAR APR MAY

JUN JUL AUG SEP OCT NOV DEC

Contact Person _____

Phone # (_____)_____

	Total # of Households	Total # Adults	Total # Children	Unduplicated # of Households	Unduplicated # Adults	Unduplicated # Children	# of Households First Visit Since 7/1/21? **(running tally)**
Total							

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 7/1/21.