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 # (______)________________________

<table>
<thead>
<tr>
<th></th>
<th>Total # of Households</th>
<th>Total # Adults</th>
<th>Total # Children</th>
<th>Unduplicated # of Households</th>
<th>Unduplicated # Adults</th>
<th>Unduplicated # Children</th>
<th># of Households First Visit Since 7/1/21? (running tally)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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.