

FOOD BANK OF DELAWARE
MONTHLY HUNGER RELIEF TRACKING SHEET
DUE BACK BY THE 5TH OF EVERY MONTH

This tracking sheet 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 program and only provide one month per sheet.

Agency Name _____

Account # _____

County: (Please check one) NCC KENT SUSSEX

Month: (Please check one)

JAN FEB MAR APR
MAY JUN JUL AUG
SEP OCT NOV DEC

Contact Person: _____

Phone Number: _____

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 that has not sought your services since **JULY 1st of 2022**

	Total # of Households	Total # Adults	Total # Children	Unduplicated # of Households	Unduplicated # Adults	Unduplicated # Children	# of Households First Visit Since 7/1/22? (running tally)
Total							

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 7/1/22. As this is an ongoing tally, each following months total should either be the same (if no new visits) or higher than the previous month.

Please be aware that this sheet supercedes all previous tally sheets distributed by the Food Bank of Delaware and should be completed each month and returned **BY THE 5TH OF EVERY MONTH** to ensure that our records remain accurate. Thank you for your cooperation, it is greatly appreciated.

Email form to: cservice@fbd.org
or mail to: The Food Bank of Delaware
Attn: Erika Strobel
222 Lake Drive
Newark, DE 19702