



**Food Assistance Monthly Report**  
**DUE BY THE 1st OF EACH MONTH**  
 Fiscal Year July -June

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

Reporting Month: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone# \_\_\_\_\_

1. Total Number of **CLIENTS SERVED**, including **MULTIPLE VISITS** (duplicated):

2. Total Number of **FIRST TIME CLIENTS** served during month (unduplicated):

3. Age/ Gender Breakdown of clients served: *Male & Female totals, when combined, Must Match # 2.*

Total Male:  Total Female:

0-5 _____	6-12 _____	0-5 _____	6-12 _____
13-21 _____	22-54 _____	13-21 _____	22-54 _____
55-75 _____	76 + _____	55-75 _____	76 + _____

4. **Racial Breakdown of persons served:** *The breakdown totals Must Match # 2.*

Non Hispanic	Hispanic	
_____	_____	American Indian/Alaskan Native
_____	_____	American Indian/ Alaskan Native & Black
_____	_____	American Indian/ Alaskan Native & White
_____	_____	Asian
_____	_____	Asian & White
_____	_____	Black/ African American
_____	_____	Black/African American & White American
_____	_____	Native Hawaiian/ Pacific Islander
_____	_____	White
_____	_____	Other Multiracial
<input type="text"/>	<input type="text"/>	<b>Racial Breakdown Totals</b>

5. How many in the household are:

\_\_\_\_\_ Disabled  
 \_\_\_\_\_ Female Head of Household  
 \_\_\_\_\_ Homeless  
 \_\_\_\_\_ Veterans  
 \_\_\_\_\_ Over 62+

6. **Income Categories:** *Income Numbers Must Match # 2.*

\_\_\_\_\_ Extremely Low Income  
 \_\_\_\_\_ Very Low Income  
 \_\_\_\_\_ Low Income  
 \_\_\_\_\_ Medium  
 **Income Categories Totals**

7. **City Breakdowns:** *The breakdown totals Must Match # 2.*

Escalon	
French Camp	
Lathrop	
Lockeford	
Lodi	
Manteca	
Ripon	
Stockton	
Tracy	
Ceres	
Denair	
Empire	
Hickman	
Hughson	
Keys	
Knights Ferry	
La Grange	
Modesto	
Newman	
Patterson	
Oakdale	
Turlock	
Riverbank	
Salida	
Valley Home	
Waterford	
Other: _____	

City Breakdowns Totals