

Monthly Distribution Questionnaire

AGENCY: _____

MONTH: _____ BY: _____

For Agencies that distribute Food Boxes:

A food box is defined as each time you assist a family with food

How many food boxes did your agency distribute this month? _____

Number of Adults the boxes were for _____

Number of Children the boxes were for _____

Number of Disabled the boxes were for _____

Number of Veterans the boxes were for _____

Number of Senior Citizens (age 60 and over) the boxes were for _____

For Agencies that served prepared meals OR snacks:

Total number of meals/snacks served: _____

Number of Adults served _____

Number of Children served _____

Number of Disabled served _____

Number of Veterans served _____

Number of Senior Citizens (age 60 and over) served _____

Please return this questionnaire by the 15th of each month.

Thank you for supporting the Kenai Peninsula Food Bank.

**If you have any questions or need assistance to fill out this form
please call the Kenai Peninsula Food Bank at 262-3111**

email address: kpfoodbank@gmail.com

FAX Number 262-6428