

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 Veterans who are Disabled the boxes were for _____

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

Number of Single Parent Families the boxes were for _____

Single Parent with Woman Head of Household _____

Single Parent with Man Head of Household _____

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 Veterans who are Disabled 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**

KP Food Bank

email address: foodhelp@ptialaska.net

FAX Number 262-6428