**Program Statistics for the month of 2016**

|  |  |
| --- | --- |
| **Please make any necessary corrections:** | |
| Contact Person: |  |
| Program Name: |  |
| Address: |  |
| City: | Zip: |
| Telephone: | Fax: |
| E-mail: | |
| CFB use only: | |
| Date received: | |

**Program #**

**Complete and return by 15th 2016 to:**

Food Center

P.O. Box 375

Gales Ferry, CT 06335

PH (860) 444-8050 FAX (860) 444-8053

[jennifer.blanco@uwsect.org](mailto:jennifer.blanco@uwsect.org)

Agency Name:

Address:

City: State:CT Zip Code:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of person completing form:** |  | | |
| **Type of program circle one (If Incorrect, please list ONLY ONE program type below):** | | | |
| PANTRY | SOUP KITCHEN | EMERGENCY SHELTER | |
| DAYCARE | RESIDENTIAL | NON-EMERGENCY SHELTER | |
| SNACKS | ONSITE FEEDING | OTHER( Please specify): . | |
|  |  |  | |
| **\*Total 3 of meals\* provided for the month:** | | |  |
| **\*Number of unduplicated individuals between 18 & 59 served this month:** | | |  |
| **\*Number of unduplicated children under 18:** | | |  |
| **\* Number of unduplicated elderly 60 & over:** | | |  |
|  | | |  |
| **\*What percent of the food provided comes from sources other than a food bank?** | | | % |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **\*\*\*CTNAP Participating Agencies Only\*\*\***  **Please report on the number of unduplicated individuals served each month under the following categories:** | | | | | | |
| **Sex** | | **Race/Ethnicity** | | | | |
| **Male** | **Female** | **Black** | **White** | **Hispanic** | **Asian Pac. Isl.** | **Other** |
|  |  |  |  |  |  |  |

#### EMERGENCY PROGRAMS ONLY (Categories EMSHLT, PANTRY, SOUPKIT) Please circle the appropriate response to the following questions:

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you turning people away from your feeding programs(s)?** | **YES** | | **NO** |
| **Are you giving away less food?** | **YES** | | **NO** |
| **Are you closing your program(s) because there isn’t enough food?** | | **YES** | **NO** |
| **Is your program(s) serving more people?** | **YES** | | **NO** |

**Additional Comments:**

\*For Programs providing ONLY Snacks, list total Snacks on total meals line.

\*\*\* **To calculate the total number of meals: Multiply the number of days you served food by the total number of unduplicated individuals then multiply by three (hoping the family will eat three meals a day).**