



**San Antonio Food Bank** **Form A**  
**Member Agency Monthly Report**

**Due to The San Antonio Food Bank by the 5<sup>th</sup> Day of every month**

**FAX** (210) 431-8329  
**DROP OFF AT OUR MAIN OFFICE**

**MAIL** 5200 Old Hwy 90W, SA, TX 78227  
**SUBMIT** via website [www.safoodbank.org](http://www.safoodbank.org)

**FAILURE TO SUBMIT THIS REPORT WILL RESULT IN PRODUCT HOLD UNTIL ALL REPORTS ARE RECEIVED.**  
**FAIR NOTICE: AGENCIES ON HOLD FOR REPORTS THAT BRING IN THE LATE REPORTS ON THEIR SCHEDULED WAREHOUSE PICK-UP DAY WILL NOT BE ALLOWED TO RECEIVE PRODUCTS, AS THE HOLD WILL NOT BE LIFTED IN OUR COMPUTER SYSTEM UNTIL AFTER THE WAREHOUSE CLOSES FOR THE DAY.**

**TOTAL CLIENTS SERVED, BY AGE AND GENDER:**  
**(REQUIRED)**

0-5 YEARS \_\_\_\_\_

6-18 YEARS \_\_\_\_\_

19-40 YEARS \_\_\_\_\_

41-60 YEARS \_\_\_\_\_

OVER 60 \_\_\_\_\_

MALE \_\_\_\_\_

FEMALE \_\_\_\_\_

MILITARY \_\_\_\_\_

**★ REQUIRED FOR ALL AGENCIES:**  
if you did not serve anyone, please mark a 0 in all appropriate sp

**Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Name of Agency:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Month Reporting For:** \_\_\_\_\_

**Total Number of People Served:** \_\_\_\_\_

**Total Number of Families Served:** \_\_\_\_\_

**Total Number of New People Served:** \_\_\_\_\_

**Number of Days open this month:** \_\_\_\_\_

**Predominant Population served this month:** \_\_\_\_\_  
(i.e. ethnicity, gender, ages, disabilities, etc)

**NOW, PLEASE INDICATE WHICH CATEGORIES COMPRISE THE MAJORITY OF YOUR CLIENTS THIS MONTH**

*(TO THE BEST OF YOUR KNOWLEDGE):*

ABUSE VICTIMS \_\_\_\_\_%    PHYSICALLY DISABLED \_\_\_\_\_%    MENTALLY DISABLED \_\_\_\_\_%

ELDERLY \_\_\_\_\_%    PEOPLE WITH CHRONIC PHYSICAL ILLNESS \_\_\_\_\_% (HIV, CANCER, KIDNEY, DIABETES, SUBSTANCE/ALCOHOL ABUSE, ETC.)

TRANSIENT HOMELESS \_\_\_\_\_%    OTHER \_\_\_\_\_% (WOMEN, CHILDREN, WORKING POOR, UNDOCUMENTED CLIENTS ETC.)

**★ FOR SOUP KITCHENS, GROUP HOMES, SHELTERS, KIDS CAFES, SR. CTRS, DAYCARES ETC.**

NUMBER OF TIMES YOU SERVED PER DAY, THIS MONTH: \_\_\_\_\_

NUMBER OF TIMES YOU SERVED PER WEEK, THIS MONTH: \_\_\_\_\_

TOTAL BREAKFASTS: \_\_\_\_\_ TOTAL LUNCHES: \_\_\_\_\_ TOTAL SUPPERS: \_\_\_\_\_ TOTAL SNACKS: \_\_\_\_\_