

On-Site Monthly Report

Please submit Monthly Reports on the final business day of each month.
 Reports are considered 'late' if they have not been submitted by the 5th business day of each month.
 (i.e. November service totals are late after the 5th business day in December)



Agency Name: _____ Agency Number: _____

Reporting Month: _____ Email Address: _____

Individuals Served: Indicate the total number of individuals served during the reporting period.

Total Number of Individuals Served: _____

Indicate the total number of individuals served by age group (should be equal to the number listed above).

Children (ages 0-17): _____ Adults (ages 18-54): _____ Seniors (ages 55+): _____

Meals Served: Indicate the number and type of meals served on each day of the month below.

DAY	BREAKFAST	LUNCH	SUPPER	SNACK	TOTAL
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
TOTAL					

Name: _____ Signature: _____ Date: _____