



Illinois Department of Human Services
 Emergency Food Program
 Monthly Distribution Site Report

Site Name _____

Your Name _____

Month of Report _____

Check if Food Pantry and/or Soup Kitchen

Food Pantry

Number of Individuals Served _____

Number of Households Served _____

Number of Households Currently Receiving Food Stamps _____

Number of Food Stamp Applications Distributed _____

Soup Kitchen

Number of Meals Served _____

Schedule (circle the current hours of service)

	a.m.											p.m.													
Sunday	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Monday	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Tuesday	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Wednesday	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Thursday	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Friday	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Saturday	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12

If your hours do not fit in chart above, please fill in hours below.

Have these hours changed since the last report? Yes No