



AGENCY NAME: _____

DISTRIBUTION DATE: ____/____/____

| HH (A) # | First + Last Name | Total Persons in Household (B) | # of Children Ages 17 & ↓ (C) | # of Seniors Ages 60 & ↑ (D) | TEFAP Received Y or N (F) | Total LBS Received (G) |
|-------------|-------------------|--------------------------------|-------------------------------|------------------------------|---------------------------|------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
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| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |

TEFAP:

***If you distribute TEFAP Commodities please fill out the TEFAP Commodity form and have client complete 832 form. ***

For Use By Pantry Staff Only

Monthly Services Report:

Households (A) _____ Persons (B) _____ Children (C) _____ Seniors (D) _____ lbs. (G) _____

TEFAP Report:

TEFAP Household (A) _____

TEFAP Person (B) _____

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