EFAP Monthly Report

Reporting Month / Year: _____

EFAP Number: _____ **Partner Name:** _____

Your Name: _____

Total number of **"Persons in household"**: _____
(Total from "Number of persons in household: column on EFA-7)

Total number of **"Yes"**: Persons:_____/Households:_____
(Total number of "yes" in "Is this your first time receiving USDA food this month in this county?" column.)

Total number of **"No"**: Persons:_____/Households:_____
(Total number of "No" in "Is this your first time receiving USDA food this month in this county?" column.)

Each report is due by the **5th of the following month**. This information is necessary so we can report to USDA for funding of this program each month.

Fax your completed report to (949) 407-4858 or email your report to reports@feedoc.org

If you need assistance filling out your report, please contact EFAP Coordinator at: sarah@feedoc.org or 949.208.3159