



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.													
<b>Sunday</b>	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
<b>Monday</b>	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
<b>Tuesday</b>	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
<b>Wednesday</b>	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
<b>Thursday</b>	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
<b>Friday</b>	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
<b>Saturday</b>	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.

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Have these hours changed since the last report? Yes No