



Forgotten Harvest requests that you provide us with the following information every month. We are required to report this information each month to government organizations providing us with funding to support our food rescue and distribution program to your agency. Thank you.

FOR THE MONTH OF: _____

AGENCY NAME: _____

AGENCY CONTACT NAME: _____

AGENCY ADDRESS (#STREET,CITY,ZIP CODE): _____

AGENCY TYPE: _____ Pantry _____ Kitchen _____ Shelter _____ Mobile Pantry _____ Other

	# COUNT
TOTAL number of HOUSEHOLDS served	
TOTAL number of INDIVIDUALS served	
TOTAL number of MALES served	
TOTAL number of FEMALES served	
TOTAL number of NO/VERY LOW INCOME *HOUSEHOLDS OR *INDIVIDUALS	
TOTAL number of LOW/MODERATE INCOME *HOUSEHOLDS OR *INDIVIDUALS	

	# COUNT
ETHNICITY: TOTAL number of PEOPLE served who are:	
WHITE	
BLACK	
HISPANIC ORIGIN	
AMERICAN INDIAN	
ASIAN OR PACIFIC ISLANDER	
ALEUT OR ESKIMO	
OTHER	

*Individuals= Total # of males & females living in households.

*Households= Total # of residences served as indicated by completed and submitted registration forms.

Date Completed: _____

Please mail, email, or FAX no later than the 7th day of the following month to:

Darryl Anderson, Agency Relations Manager
 Forgotten Harvest
 21800 Greenfield Rd.
 Oak Park, MI 48237
 Phone: 248-967-1500 ext.117
 Direct Fax: 248-268-7544
 Email: darrylanderson@forgottenharvest.org