

Monthly Report Form

This report must be turned in by the 1st of each month, no later than the 5th of each month

Agency Name: _____

Reporting Month: _____ Reporting Year: _____

TOTAL number of **Individuals** served this month: _____

Number of **Unduplicated Individuals** served this month: _____

If there were any changes to your normal distribution schedule, let us know below

Where did you distribute: _____

Days and times of distribution: _____

Location #2 (if applicable): _____

Day and times of distribution: _____

If you distributed at more than 2 new locations, please provide additional addresses and days and times of distributions on the back of this form

Optional– If you have pictures or client stories, we would love to have them.

Fax: 714-894-5404

Contact: cchoat@capoc.org (Christina Choat) 714-897-6670 Ext. 3147

Mail: 11870 Monarch Street, Garden Grove CA 92841