

Extra Helping Reporting Instructions


New Reporting Forms for
Fiscal Year 14-15

What's new...

- We have simplified the forms and gotten rid of all of the information that does not apply to you!
- The instructions and layout are updated with the goal of making it more user friendly for you.

Filling out your Monthly Report

EXTRA HELPING Monthly Report



Period covered by this report Month Year

Agency Name
 Report Prepared by
 Phone

Return reports to: Alicia Hines
 phone: 541-343-2822 x 310
 email: ahines@foodforlanecounty.org
 fax: 541-343-5019
 mail: 770 Bailey Hill Rd.
 Eugene, OR 97402

Reports are due on the 10th of the month.

Individuals and households served

Please report all residents who received food from your Extra Helping program.

Definitions

1st time served (new): A client who has not received food assistance since July 1st.
Previously served: A client who has received a food assistance since July 1st. If a client gets food more than once a month, count the client each time they received food.
Children: Individuals under 18 years old **Adults:** Individuals 18 years and older
Household: Related or unrelated individuals living together and preparing meals together.

	1st time served	Previously Served	
# adult points of service this month	<input type="text"/>	<input type="text"/>	
# child points of service this month	<input type="text"/>	<input type="text"/>	TOTAL
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>
# household points of service this month	<input type="text"/>	<input type="text"/>	<input type="text"/>

For all 1st time clients, fill out the information below. Each column should equal the total 1st time food box recipients.

Ethnicity	Hispanic origin <input type="text"/>		White/Caucasian <input type="text"/>
	Non-Hispanic origin <input type="text"/>		Black/African American <input type="text"/>
	Unknown/Decline to answer <input type="text"/>		American Indian/Alaskan Native <input type="text"/>
	TOTAL <input type="text"/>	Race	Asian <input type="text"/>
			Native Hawaiian/Pacific Islander <input type="text"/>
			Multiracial <input type="text"/>
			Unknown/Decline to answer <input type="text"/>
			TOTAL <input type="text"/>

Volunteers

Please include the total number of volunteers that worked for your pantry this month, and the hours they worked.

Number of volunteers Number of volunteer hours


Waste

	yes	no
Did you discard any food this month?	<input type="text"/>	<input type="text"/>
If yes, how many pounds did you discard?	# <input type="text"/>	
What type of food did you discard?	<input type="text"/>	
What was the reason it was discarded?	<input type="text"/>	

Your Agency's Information

Please fill in this portion *completely* – including your name and contact phone number.

EXTRA HELPING Monthly Report



FOOD
For Lane County

Period covered by this report Month Year

Agency Name

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Phone


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Eugene, OR 97402

Reports are due on the 10th of the month.

Your Agency's Information

Reports are **due** to Alicia Hines on the **10th of each month**. Reports can be mailed, emailed, faxed, or dropped off in person.

EXTRA HELPING Monthly Report



FOOD
For Lane County

Period covered by this report Month Year

Agency Name

Report Prepared by

Phone

Return reports to: Alicia Hines
phone: 541-343-2822 x 310
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mail: 770 Bailey Hill Rd.
Eugene, OR 97402

Reports are due on the 10th of the month.

Service Statistics

Please keep in mind that we are not counting individuals, we are counting *points of service*. An individual could be counted multiple times throughout a month if they receive food assistance multiple times within the month.

Individuals and households served

Please report all residents who received food from your Extra Helping program.

Definitions

1st time served (new): A client who has not received food assistance since July 1st.

Previously served: A client who has received a food assistance since July 1st. If a client gets food more than once a month, count the client each time they received food.

Children: Individuals under 18 years old **Adults:** Individuals 18 years and older

Household: Related or unrelated individuals living together and preparing meals together.

	1st time served	Previously Served	
# adult points of service this month			
# child points of service this month			TOTAL
TOTAL			
# household points of service this month			

For all 1st time clients, fill out the information below. Each column should equal the total 1st time food box recipients.

Ethnicity

Hispanic origin	
Non-Hispanic origin	
Unknown/Decline to answer	
TOTAL	

Race

White/Caucasian	
Black/African American	
American Indian/Alaskan Native	
Asian	
Native Hawaiian/Pacific Islander	
Multiracial	
Unknown/Decline to answer	
TOTAL	

Service Statistics

Please count the *1st time* each adult and child has received food *since July 1st* here.

Individuals and households served

Please report all residents who received food from your Extra Helping program.

Definitions

1st time served (new): A client who has not received food assistance since July 1st.

Previously served: A client who has received a food assistance since July 1st. If a client gets food more than once a month, count the client each time they received food.

Children: Individuals under 18 years old **Adults:** Individuals 18 years and older

Household: Related or unrelated individuals living together and preparing meals together.

	1st time served	Previously Served	
# adult points of service this month			
# child points of service this month			TOTAL
TOTAL			
# household points of service this month			

For all 1st time clients, fill out the information below. Each column should equal the total 1st time food box recipients.

Ethnicity

Hispanic origin	
Non-Hispanic origin	
Unknown/Decline to answer	
TOTAL	

Race

White/Caucasian	
Black/African American	
American Indian/Alaskan Native	
Asian	
Native Hawaiian/Pacific Islander	
Multiracial	
Unknown/Decline to answer	
TOTAL	

Service Statistics

Please count each *point of service* for all *previously served* children and adults.

Individuals and households served

Please report all residents who received food from your Extra Helping program.

Definitions

1st time served (new): A client who has not received food assistance since July 1st.

Previously served: A client who has received a food assistance since July 1st. If a client gets food more than once a month, count the client each time they received food.

Children: Individuals under 18 years old **Adults:** Individuals 18 years and older

Household: Related or unrelated individuals living together and preparing meals together.

	1st time served	Previously Served	
# adult points of service this month			
# child points of service this month			TOTAL
TOTAL			
# household points of service this month			

For all 1st time clients, fill out the information below. Each column should equal the total 1st time food box recipients.

Ethnicity

Hispanic origin	
Non-Hispanic origin	
Unknown/Decline to answer	
TOTAL	

Race

White/Caucasian	
Black/African American	
American Indian/Alaskan Native	
Asian	
Native Hawaiian/Pacific Islander	
Multiracial	
Unknown/Decline to answer	
TOTAL	

Service Statistics

Please total all new households (1st time served since July 1st) here.

Please total all previously served households here.

Individuals and households served
 Please report all residents who received food from your Extra Helping program.

Definitions
1st time served (new): A client who has not received food assistance since July 1st.
Previously served: A client who has received a food assistance since July 1st. If a client gets food more than once a month, count the client each time they received food.
Children: Individuals under 18 years old **Adults:** Individuals 18 years and older
Household: Related or unrelated individuals living together and preparing meals together.

	1st time served	Previously Served	TOTAL
# adult points of service this month			
# child points of service this month			
TOTAL			
# household points of service this month			

For all 1st time clients, fill out the information below. Each column should equal the total 1st time food box recipients.

Ethnicity	Race
Hispanic origin	White/Caucasian
Non-Hispanic origin	Black/African American
Unknown/Decline to answer	American Indian/Alaskan Native
TOTAL	Asian
	Native Hawaiian/Pacific Islander
	Multiracial
	Unknown/Decline to answer
	TOTAL

Service Statistics

For *first time clients only*, please include the race and ethnicity. *Ethnicity* refers to an individual's *cultural identity*. *Race* refers to their *physical attributes*.

Individuals and Households served
 Please report all residents who received food from your Extra Helping program.

Definitions
1st time served (new): A client who has not received food assistance since July 1st.
Previously served: A client who has received a food assistance since July 1st. If a client gets food more than once a month, count the client each time they received food.
Children: Individuals under 18 years old **Adults:** Individuals 18 years and older
Household: Related or unrelated individuals living together and preparing meals together.

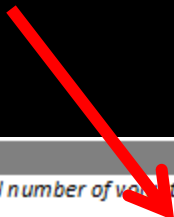
	1st time served	Previously Served	
# adult points of service this month			
# child points of service this month			
TOTAL			TOTAL
# household points of service this month			

For all **1st time clients**, fill out the information below. Each column should equal the total 1st time food box recipients.

Ethnicity		Race	
Hispanic origin		White/Caucasian	
Non-Hispanic origin		Black/African American	
Unknown/Decline to answer		American Indian/Alaskan Native	
TOTAL		Asian	
		Native Hawaiian/Pacific Islander	
		Multiracial	
		Unknown/Decline to answer	
		TOTAL	

Volunteer Information

Please include the total number of volunteers you had and the total number of hours they worked.




Volunteers
Please include the total number of volunteers that worked for your pantry this month, and the hours they worked.

Number of volunteers Number of volunteer hours

Waste

Please include all food *that you received from FOOD for Lane County* that you had to discard because it was unfit for human consumption, or because you were not able to distribute it. Also list the reason it was discarded.



Waste		
	yes	no
Did you discard any food this month?	<input type="text"/>	<input type="text"/>
If yes, how many pounds did you discard?	# <input type="text"/>	
What type of food did you discard?	<input type="text"/>	
What was the reason it was discarded?	<input type="text"/>	

Questions?

If you have any questions, please contact
Alicia Hines

- ahines@foodforlanecounty.org
- 541-343-2822 ext 310