



# Extra Helping Reporting Instructions

Reporting Forms for  
Fiscal Year 18-19

# What's new in the 2018 version


- Categorized food waste fields

# General reporting guidelines

- Don't hesitate to contact your FFLC Partner Agency Services Coordinator with questions
- Each agency receives a reminder on the 5<sup>th</sup> of the month that their report is due on the 10<sup>th</sup>
- Agencies with consistently late reports or multiple overdue reports may have their access to FFLC food withheld until the reports are submitted
  - Refer to the FFLC Late Reporting Guidelines for more information

# Filling out your monthly report

## EXTRA HELPING Monthly Report



**FOOD**  
For Lane County

Period covered by this report    Month     Year

Agency Name

Report Prepared by

Phone/email

Return to Partner Agency Services  
phone: 541-343-2822  
email: reports@foodforlaneconomy.org  
fax: 541-343-5019  
mail: 770 Bailey Hill Rd.  
Eugene, OR 97402    v. 2018

**Reports are due by 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.

<b>Ethnicity</b>	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"/>	<b>Race</b>
		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"/>

These three cell numbers should match

**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**

Did you discard any food this month?    yes     no

if yes, how many pounds did you discard?    #

Canned	Other Dry Goods	Produce	Frozen	Dairy	Bread	Repack (dry, frozen)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Suggested reasons: Expired/Outdated, Spoiled/Rotten, Rusted/Dented, Damaged Package/Label, Surplus, Recalled

# Choosing the correct report

The correct report for fiscal year 2018-19 can be easily identified by the “v. 2018” text in the box at top of the page. If you do not have the current version, visit the Partner Agency Zone or contact FOOD for Lane County.



**EXTRA HELPING  
Monthly Report**

 Period covered by this report    Month     Year

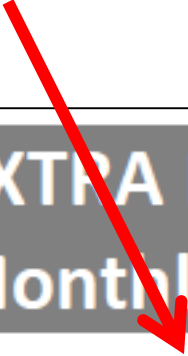
Agency Name   
Report Prepared by   
Phone/email


***Reports are due by the 10th of the month.***

Return to Partner Agency Services  
phone: 541-343-2022  
email: [reports@foodforlane.org](mailto:reports@foodforlane.org)  
fax: 541-343-5019  
mail: 770 Bailey Hill Rd.  
Eugene, OR 97402    v. 2018

# Choosing the correct month

The “Month” field refers to the calendar month you are reporting on, not necessarily the month you are submitting the report. Reports are due by the 10<sup>th</sup> of the following month. A report detailing your food service in January, for example, would be due February 10<sup>th</sup>.



EXTRA HELPING Monthly Report	
Period covered by this report	Month <input type="text"/> Year <input type="text"/>
Agency Name	<input type="text"/>
Report Prepared by	<input type="text"/>
Phone/email	<input type="text"/>
<b><i>Reports are due by the 10th of the month.</i></b>	
 <b>FOOD</b> For Lane County	<b>Return to Partner Agency Services</b> phone: 541-343-2822 email: <a href="mailto:reports@foodforlanecounty.org">reports@foodforlanecounty.org</a> fax: 541-343-5019 mail: 770 Bailey Hill Rd. Eugene, OR 97402 v. 2018

# Your Agency's Information

Please fill in all requested information in these fields to ensure efficient communication if we have questions.



EXTRA HELPING Monthly Report		
	Period covered by this report	Month <input type="text"/> Year <input type="text"/>
	Agency Name	<input type="text" value="Oak Tree Apartments"/>
	Report Prepared by	<input type="text" value="Jan Q. Smith"/>
	Phone/email	<input type="text" value="Jan_q@gmail.com"/>
<b><i>Reports are due by the 10th of the month.</i></b>		
<b>Return to Partner Agency Services</b> phone: 541-343-2822 email: reports@foodforlanecounty.org fax: 541-343-5019 mail: 770 Bailey Hill Rd. Eugene, OR 97402 v. 2018		

# Your Agency's Information

Reports are due to your Partner Agency Services Coordinators by the *10<sup>th</sup> of each month*. Please create a reminder on your calendar or phone. Reports can be emailed, mailed, faxed, or dropped off in person.

Our preference is that you email your reports to **reports@foodforlanecounty.org**

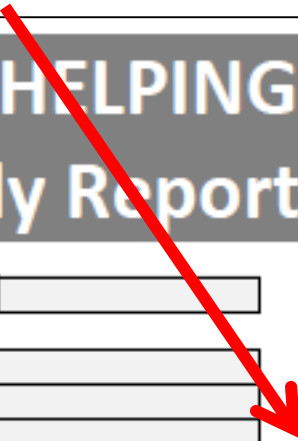
## EXTRA HELPING Monthly Report

Period covered by this report    Month     Year

Agency Name   
Report Prepared by   
Phone/email

**Return to Partner Agency Services**  
phone: 541-343-2822  
email: reports@foodforlanecounty.org  
fax: 541-343-5019  
mail: 770 Bailey Hill Rd.  
Eugene, OR 97402    v. 2018

*Reports are due by the 10th of the month.*





# Service Statistics

Please keep in mind that we are not counting individuals, rather we are counting their visits, or *points of service*. One individual would count as multiple points of service if they receive food assistance multiple times within the month. Each individual and household becomes “new” every July 1.

Individuals and households served					
<i>Please report all residents who received food from your Extra Helping program.</i>					
Definitions	<b>1st time served (new):</b> A client who has not received food assistance since July 1st.				
	<b>Previously served:</b> 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.				
	<b>Children:</b> Individuals under 18 years old		<b>Adults:</b> Individuals 18 years and older		
	<b>Household:</b> 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"/>		
<i>For all 1st time clients, fill out the information below. Each column should equal the total 1st time food box recipients.</i>					
Ethnicity	Hispanic origin	<input type="text"/>	Race	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"/>		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"/>		
<input type="text"/>		These three cell numbers should match			

# Service Statistics

Count the *1<sup>st</sup> time* (first visit/point of service) that an adult or child receives food *since July 1<sup>st</sup>* here.

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

<b>Definitions</b>	<p><b>1st time served (new):</b> A client who has not received food assistance since July 1st.</p> <p><b>Previously served:</b> 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.</p> <p><b>Children:</b> Individuals under 18 years old      <b>Adult:</b> Individuals 18 years and older</p> <p><b>Household:</b> Related or unrelated individuals living together and preparing meals together.</p>
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	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.*

<b>Ethnicity</b>	Hispanic origin	
	Non-Hispanic origin	
	Unknown/Decline to answer	
	TOTAL	

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

These three cell numbers should match

# Service Statistics

Please count each *point of service* for all *previously served* children and adults (i.e., each visit to Extra Helping after every July 1).

**NOTE: If a client visits more than one time within a month, all points of service must be counted and reported.**

**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	

These three cell numbers should match

# Service Statistics

Please total all new households (1<sup>st</sup> time served since July 1<sup>st</sup>) here.

Please total all previously served households here.

Individuals and households served			
<i>Please report all residents who received food from your Extra Helping program.</i>			
Definitions	<b>1st time served (new):</b> A client who has not received food assistance since July 1st.		
	<b>Previously served:</b> 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.		
	<b>Children:</b> Individuals under 18 years old		<b>Adults:</b> Individuals 18 years and older
	<b>Household:</b> 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"/>
<i>For all 1st time clients, fill out the information below. Each column should equal the total 1st time food box recipients.</i>			
Ethnicity	Hispanic origin	<input type="text"/>	Race
	Non-Hispanic origin	<input type="text"/>	
	Unknown/Decline to answer	<input type="text"/>	
	TOTAL	<input type="text"/>	
		White/Caucasian	<input type="text"/>
		Black/African American	<input type="text"/>
		American Indian/Alaskan Native	<input type="text"/>
		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"/>
<input type="text"/> These three cell numbers should match			

# Service Statistics

Example: A client with a household of three (one adult, two children) visits your Extra Helping site for the first time on April 1. They are counted as “new” clients. They visit again on April 20. They are now counted as previously served clients. If they visit again in May, they will continue to be counted as previously served. They become “new” again after July 1.

**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	1	1	
# child points of service this month	2	2	TOTAL
TOTAL	3	3	6

# household points of service this month	1	1	2
--	---	---	---

*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	

These three cell numbers should match

# Service Statistics

For *first time clients only* (i.e., a client's first visit after every July 1), please include their race and ethnicity. *Ethnicity* refers to an individual's *cultural identity*. *Race* refers to their *physical attributes or ancestry*.

This information is optional; do not require or dissuade a client from sharing this information. FFLC follows the USDA's definitions of ethnicity and race.

**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 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

These three cell numbers should match

# Service Statistics

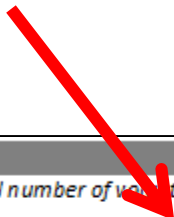
**NOTE: The totals in the three red dashed cells must all be equal.**

**The TOTAL for Ethnicity and TOTAL for Race should equal the TOTAL 1<sup>st</sup> time served. If there is a discrepancy in the numbers, you should make up the difference in the appropriate “Unknown” cell.**

Individuals and households served					
<i>Please report all residents who received food from your Extra Helping program.</i>					
Definitions	<b>1st time served (new):</b> A client who has not received food assistance since July 1st.				
	<b>Previously served:</b> 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.				
	<b>Children:</b> Individuals under 18 years old <b>Adults:</b> Individuals 18 years and older				
	<b>Household:</b> Related or unrelated individuals living together and preparing meals together.				
		1st time served	Previously Served		
# adult points of service this month		25	40		
# child points of service this month		15	25		
TOTAL		40	65		
			TOTAL		
			105		
# household points of service this month		15	20		
			35		
<i>For all 1st time clients, fill out the information below. Each column should equal the total 1st time food box recipients.</i>					
Ethnicity	Hispanic origin	15	Race	White/Caucasian	8
	Non-Hispanic origin	15		Black/African American	7
	Unknown/Decline to answer	10		American Indian/Alaskan Native	6
	TOTAL	40		Asian	5
				Native Hawaiian/Pacific Islander	4
				Multiracial	3
				Unknown/Decline to answer	7
				TOTAL	40
		These three cell numbers should match			

# Volunteer Information

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



Volunteers	
<i>Please include the total number of volunteers that worked for your pantry this month, and the hours they worked.</i>	
Number of volunteers	<input type="text"/>
Number of volunteer hours	<input type="text"/>



# 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.

Add up the total weight of any food discarded that month and record it in the appropriate field.

Seven food categories are provided for you. If you discarded food of this type, provide a brief reason why. Suggested language is listed below the fields.

Waste						
Did you discard any food this month?		yes	no			
		X				
If yes, how many pounds did you discard?		75	#			
Canned	Other Dry Goods	Produce	Frozen	Dairy	Bread	Repack (dry, frozen)
<i>Rusted</i>		<i>Rotten</i>			<i>Moldy</i>	
Suggested reasons: Expired/Outdated, Spoiled/Rotten, Rusted/Dented, Damaged Package/Label, Surplus, Recalled						

# Questions?

If you have any questions, please contact your Partner Agency Services Coordinator

- Nathan Keffer
  - [nkeffer@foodforlanecounty.org](mailto:nkeffer@foodforlanecounty.org)
  - 541-343-2822 Ext 134
- Mallory Davis
  - [mdavis@foodforlanecounty.org](mailto:mdavis@foodforlanecounty.org)
  - 541-343-2822 Ext 110