FEEDING® THE GULF COAST

PARTNER FOOD BANK OF FEEDING® AMERICA

# DISTRIBUTION STATISTICS FORM

Agency Name: ______________________________________________ Date: __________

Address: ____________________________________________________________

City: ________________________________ State: ______________ Zip: __________

| HOUSEHOLD NAME | DATE | TOTAL # IN HOUSEHOLD | # IN HOUSEHOLD UNDER 18 | # IN HOUSEHOLD BTWN 18-59 | # IN HOUSEHOLD 60 AND OLDER | # VETERANS IN HOUSEHOLD |
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