



HAWAII FOODBANK Monthly Agency TANF Report

Month / Year: _____

Agency: _____
Reported By: _____

Agency #: _____
Phone #: _____

Number of clients (children and adults combined) determined ELIGIBLE to receive, ACCEPTED for, and RECEIVING the TANF food distribution/meal(s) for the month	
Number of families with current employment	

Service

Number of TANF eligible clients who responded to the service POSITIVELY	
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Top 5 reasons given:

- 1). _____
- 2). _____
- 3). _____
- 4). _____
- 5). _____

Comments: _____

Number of TANF eligible clients who responded to the service NEGATIVELY	
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Top 5 reasons given:

- 1). _____
- 2). _____
- 3). _____
- 4). _____
- 5). _____

Comments: _____

Reports are due by the 5th of the following month

Mail to:
Hawaii Foodbank
Attn: Agency Affiliations Dept
2611 Kili Hau Street
Honolulu, HI 96819

Or Fax to:
(808) 954-7884

Or E-mail to:
monthlyreports@hawaiifoodbank.org