



The Monthly Service Report is designed to record the number of households, individuals, or meals served each month. We've made enhancements to the form by adding sections for Diaper and Period reporting!

If you only receive diapers or pads, please **only** complete the Diaper Bank & Period Initiative Program section in the Monthly Service Report.

Below is a guide to help you fill out the form if it's your first time. This guide is meant to assist you in correctly completing these documents.

Signature/Monthly Report Key:

| Column Titles | Definitions |
|--------------------------------------|--|
| # Adults | Number of adults in the household receiving food |
| # of Children (0-18) | Number of children in the household receiving food |
| # of Children Served | Number of children in the household receiving child diapers |
| Total # of Child Diapers Distributed | Number of individual diapers the client received |
| # of Menstruators | Number of menstruators in the household receiving period products |
| Total # of pads distributed | Number of individual pads the client received |
| # of Adult Served | Number of adults receiving adult diapers |

Diaper Reporting Cheat Sheet:

We usually purchase diapers that are 8/25ct. The first number will indicate how many sleeves are in a case and the second number will be how many individual diapers per sleeve. Here is a chart for your reference:

| Item | Diapers Sleeve Per Case | Individual Diapers Per Sleeve |
|---------------|-------------------------|-------------------------------|
| Size Newborn | 8 | 25 |
| Size 1 | 8 | 25 |
| Size 2 | 8 | 25 |
| Size 3 | 8 | 25 |
| Size 4 | 8 | 25 |
| Size 5 | 8 | 25 |
| Size 6 | 8 | 25 |
| Size 7 | 8 | 25 |
| Adult Large | 4 | 18 |
| Adult X-Large | 4 | 14 |

**Sleeve – the clear plastic holding together several diapers*

Child Diapers-

- CFBNJ recommends distributing 2 sleeves of child diapers per child in household.
 - 50 individual child diapers per month.

Adult Diapers-

- CFBNJ recommend distributing 2 sleeves of adult diapers per adult in need.
 - 36 individual Large adult diapers and 28 individual X-Large adult diapers

Period Reporting:

| Item | Packs per Case | Individual Pads per Pack |
|-----------|----------------|--------------------------|
| Maxi Pads | 12 | 24 |

Maxi Pads-

- CFBNJ recommends giving 1 pack of pads per menstruator in household.
 - 24 individual pads per month.

Sample Commodity Acceptance Sheet (Diaper Bank & Period Initiative):

*also referred to as signature sheets



Community FoodBank of NJ - Commodity Acceptance Sheet (Diaper Bank & Period Initiative)

Agency Name _____ LDA Name _____ Agency ID: A0001-01
 MONTH September YEAR 2023 Distribution Location : _____
(If Different from Delivery Address)

| DATE | PRINTED NAME | New | # of Adults | # of Children (0-18) | # of Children Served | Child | | | # of Adults Served | Total # of Pads Distributed | ADDRESS | |
|--------------|--------------|---------------|-------------|----------------------|----------------------|--------------------------|--------------------------------|--------------------|---------------------|-----------------------------|-------------------|--|
| | | | | | | # of Diapers Distributed | # of Menstruators | # of Adults Served | | | | |
| 1 | 9/2 | Ron Johnson | | 3 | 4 | 2 | 100 | 2 | 1 | 48 | 31 Evans Terminal | |
| 2 | 9/2 | Nancy Roberts | | 2 | 3 | 1 | 50 | 2 | 0 | 48 | 32 Evans Terminal | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | |
| TOTAL # OF → | | | | | | 3 | 150 | 4 | 1 | 96 | | |
| | | | | | | Total Children Served | Total # of Diapers Distributed | Total Menstruators | Total Adults Served | Total # of Pads Distributed | | |

Sample Monthly Report:



Monthly Service Report

The Community FoodBank works hard to provide our partner agencies with quality service and a wide variety of nutritious foods for your clients. We also must be accountable to our donors and the Feeding America Network. We must have a record of the number of people that are served at our member agencies. **Your cooperation in submitting reports on time is a requirement of your membership with the FoodBank.**

Please submit the following information below by the 7th day of the following month for EACH program registered with the FoodBank. (i.e., January's report would be due on February 7th. The reports can be emailed to Network Relations at PartnerReporting@cfbnj.org)

Month / Year September 2023
 Agency Id Number (i.e. A0001-01) A0001-01
 Agency Name LDA Name
 Contact Name Jane Smith Phone Number (908) 355-3663

A. Pantry Programs & Other Non-Meal Distributions

| | CFB Com. Accept. Sheet | SFPP Com. Accept. Sheet | TEFAP Com. Accept. Sheet |
|---|------------------------------|-------------------------------|--------------------------------|
| Number of Adults (over 18) served during the month | 5 | | |
| Number of Children (under 18) served during the month | 7 | | |
| Total Number of Persons served during the month | 12 | | |
| Total Number of Households served during the month | 2 | | |

| Diaper Bank & Period Initiative Program | Total # of Children Served | Total # of Diapers Distributed | Total # of Menstruators | Total # of Pads Distributed | Total # of Adults Served |
|---|----------------------------------|--------------------------------------|----------------------------|-----------------------------------|--------------------------------|
| | 2 | 150 | 4 | 96 | 1 |

B. On-Premise/Congregate Feeding Programs

Agency ID: _____

(Soup Kitchens, Group Homes, Shelters, After school programs)

1. Total Number of individuals served _____ (include snacks)

- Number of breakfasts _____
- Number of lunches _____
- Number of dinners _____
- Number of snacks _____
- Number of home delivered meals _____

2. Total Number of meals provided _____ (Add together all lines from question #1 except for the total number of individuals)

Please reach out directly to your Network Relations representatives if you need to report any program changes such as new director, contact person or shopper, in addition to any address, e-mail, or telephone number updates.