



EMERGENCY FOOD ASSISTANCE PROGRAM (EFAP) HOUSEHOLD PARTICIPATION REPORT (HHP)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES FOOD DISTRIBUTION BUREAU

Agency Name: We Help Inc.			Acct. # 2046		Phone # 626-641-3604		
Contact Person: Mike Summers			Distribution Address: 1330 E. 16th St., Long Beach, CA 90755				
Month: _____ Year: _____							
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Totals:
# Households:	# Households:	# Households:	# Households:	# Households:	# Households:	# Households:	# Households:
# Persons:	# Persons:	# Persons:	# Persons:	# Persons:	# Persons:	# Persons:	# Persons:
# Households:	# Households:	# Households:	# Households:	# Households:	# Households:	# Households:	# Households:
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# Persons:	# Persons:	# Persons:	# Persons:	# Persons:	# Persons:	# Persons:	# Persons:
PLEASE RETURN BY THE 5TH BUSINESS DAY OF THE MONTH TO: AGENCY RELATIONS DEPARTMENT 1734 E. 41st Street, Los Angeles, CA 90058 Phone: 323.234.3030 Ext. 133 Fax 877.295.3745 or Email ejimenez@lafoodbank.org						Monthly Totals: # Households: # Persons:	
The information provided is true and accurate to the best of my knowledge.						Unduplicated Totals: # Households:	
						# Persons:	
Print Name:			Signature:		Date:		

[illegible]