



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

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES FOOD DISTRIBUTION BUREAU

|                                                                                                                                                                                                                           |               |                |                       |                 |               |                                                                         |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|-----------------------|-----------------|---------------|-------------------------------------------------------------------------|-----------------------|
| Agency Name:                                                                                                                                                                                                              |               |                | Acct. #               |                 | Phone #       |                                                                         |                       |
| Contact Person:                                                                                                                                                                                                           |               |                | Distribution Address: |                 |               |                                                                         |                       |
| <b>Month:</b> _____ <b>Year:</b> _____                                                                                                                                                                                    |               |                |                       |                 |               |                                                                         |                       |
| <b>Sunday</b>                                                                                                                                                                                                             | <b>Monday</b> | <b>Tuesday</b> | <b>Wednesday</b>      | <b>Thursday</b> | <b>Friday</b> | <b>Saturday</b>                                                         | <b>Weekly Totals:</b> |
| # Households:                                                                                                                                                                                                             | # Households: | # Households:  | # Households:         | # Households:   | # Households: | # Households:                                                           | # Households:         |
| # Persons:                                                                                                                                                                                                                | # Persons:    | # Persons:     | # Persons:            | # Persons:      | # Persons:    | # Persons:                                                              | # Persons:            |
| # Households:                                                                                                                                                                                                             | # Households: | # Households:  | # Households:         | # Households:   | # Households: | # Households:                                                           | # Households:         |
| # Persons:                                                                                                                                                                                                                | # Persons:    | # Persons:     | # Persons:            | # Persons:      | # Persons:    | # Persons:                                                              | # Persons:            |
| # Households:                                                                                                                                                                                                             | # Households: | # Households:  | # Households:         | # Households:   | # Households: | # Households:                                                           | # Households:         |
| # Persons:                                                                                                                                                                                                                | # Persons:    | # Persons:     | # Persons:            | # Persons:      | # Persons:    | # Persons:                                                              | # Persons:            |
| # Households:                                                                                                                                                                                                             | # Households: | # Households:  | # Households:         | # Households:   | # Households: | # Households:                                                           | # Households:         |
| # Persons:                                                                                                                                                                                                                | # Persons:    | # Persons:     | # Persons:            | # Persons:      | # Persons:    | # Persons:                                                              | # Persons:            |
| # Households:                                                                                                                                                                                                             | # Households: | # Households:  | # Households:         | # Households:   | # Households: | # Households:                                                           | # Households:         |
| # Persons:                                                                                                                                                                                                                | # Persons:    | # Persons:     | # Persons:            | # Persons:      | # Persons:    | # Persons:                                                              | # Persons:            |
| PLEASE RETURN BY THE 5TH BUSINESS DAY OF THE MONTH TO:<br>AGENCY RELATIONS DEPARTMENT<br>1734 E. 41st Street, Los Angeles, CA 90058 Phone: 323.234.3030 Ext. 133<br><br>Fax 877.295.3745 or Email ejimenez@lafoodbank.org |               |                |                       |                 |               | <b>Monthly Totals:</b><br><b># Households:</b><br><br><b># Persons:</b> |                       |
| The information provided is true and accurate to the best of my knowledge.                                                                                                                                                |               |                |                       |                 |               | <b>Unduplicated Totals:</b><br><br><b># Households:</b>                 |                       |
|                                                                                                                                                                                                                           |               |                |                       |                 |               | <b># Persons:</b>                                                       |                       |
| Print Name:                                                                                                                                                                                                               |               |                | Signature:            |                 | Date:         |                                                                         |                       |

[illegible]