|  |  |  |
| --- | --- | --- |
|  | ARIZONA DEPARTMENT OF ECONOMIC SECURITYDivision of Benefits and Medical Eligibility (DBME)Coordinated Hunger Relief Program |  |

**TEFAP Monthly Inventory and Participation Report (MIPR)**

**Distribution Sites**

Complete this report within 3 business days after your final emergency food distribution of the previous month.

**Fax to:** 480-393-5166 **or Email to**: agencyservices@firstfoodbank.org

|  |
| --- |
| REPORTING PERIOD *(Month and Year)* |

**Type of emergency food distribution:**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Congregate meals | Number of **meals** served: |  |  |

|  |  |  |
| --- | --- | --- |
| [ ]  Emergency food boxes | Number of **emergency food boxes** distributed: |  |

|  |  |  |
| --- | --- | --- |
| [ ]  Household distribution | Number of **households** served: |  |

|  |  |  |
| --- | --- | --- |
|  | Number of **individuals** served: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  | Number of **children** 0-5 served: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **# EFB’s Received** | **# EFB’s Distributed** | **# EFB’s in Inventory** | **# Supplemental Bags in Inventory** |  | **Bulk Cases in Inventory**  | **Bulk Cases Received** | **Date(s) Product received by agency** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Comments:** |  |
| **DISTRIBUTION SITE** |
| **DISTRIBUTION SITE REPRESENTATIVE’S SIGNATURE** | **DATE** |

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-0303; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Ayuda gratuita con traducciones relacionadas con los servicios del DES está disponible a solicitud del cliente**. REV 1/08/16**