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|  | ARIZONA DEPARTMENT OF ECONOMIC SECURITY  Division 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** |

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