

# CSFP Monthly Report

Month & Year you are Reporting:

Agency Name:

Name of Person Completing Form:

Phone Number:

Email Address:

Counties Served:

Number of Clients Served:

Number of Boxes Remaining:

## Race & Ethnicity Demographics

**American Indian/Alaskan Native:**

Identifies as Hispanic too:

**Asian:**

Identifies as Hispanic too:

**Black/African American:**

Identifies as Hispanic too:

**Native Hawaiian/Pacific Islander:**

Identifies as Hispanic too:

**White:**

Identifies as Hispanic too:

Did any client report more than one Race/Ethnicity (Bi-Racial)? If yes, how many and how did they identify?

Signature:

Date: