Communities In Schools
Greater Central Texas

Submit to Yulinda Dias
Central Office

FOOD BANK ITEMS SELECTED FORM

One copy is to be kept on file at Central Office.
One copy is to be used by Site Coordinator/Case Manager for monthly report.

Campus: _____

Employee's Name: _____

Name of Family Served: _____

Number of Times this Family Has Received Assistance from CIS Food Pantry: _____

QTY	ITEM DESCRIPTION	QTY	ITEM DESCRIPTION

Number of Snacks: _____

Number of Meals: _____

Number of Children Served: _____

Number of Adults Served: _____

Total Number of Individuals Served: _____

_____ _____

Employee's Signature **Date**