



# HAWAII FOODBANK Monthly Agency TANF Report

Month / Year: \_\_\_\_\_

Agency: \_\_\_\_\_  
Reported By: \_\_\_\_\_

Agency #: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Number of clients (children and adults combined) determined <b>ELIGIBLE</b> to receive, <b>ACCEPTED</b> for, and <b>RECEIVING</b> the TANF food distribution/meal(s) for the month	
Number of families with current employment	

### Service

Number of TANF eligible clients who responded to the service <b>POSITIVELY</b>	
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Top 5 reasons given:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Comments: \_\_\_\_\_

Number of TANF eligible clients who responded to the service <b>NEGATIVELY</b>	
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Top 5 reasons given:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Comments: \_\_\_\_\_

**Reports are due by the 5<sup>th</sup> of the following month**

Mail to:  
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