



2020-2021 COMMUNITY HEALTH CONTRACT (CHC) Q3 GRANT IMPACT REPORT

Organization Name: Fallbrook Healthcare Foundation and Fallbrook Food Pantry

Program Title: 402 SENIORS & DISABLED ADULTS NUTRITION PROGRAM

Person submitting the report: Patty Sargent Executive Director

Ages: List the percentage and total number served of your program participants' ages who received services during this reporting time frame:

	Percentage served	Total Number Served
Children (infants to 12)		
Young Adults (13-17)		
Adults (18-60)	10	10
Seniors (60+)	90	94
Unknown		

Gender: List the percentage and total number served of your program participants' gender identification who received services during this reporting time frame:

	Percentage served	Total Number Served
Female	80	83
Male	20	21
Non-binary		
Unknown		

Income: List the percentage and total number served of your program participants' income limit category of those who received services during this reporting timeframe:

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)	100	104
Very Low (50%0 Income (ceiling of \$53,500)		
Low (80%) Income (ceiling of \$85,600)		

	Percentage Served	Total Number Served
Higher than listed limits		
Unknown		

How many District residents directly benefited (participant/client) from this program in this reporting quarter? 104

GOALS & OBJECTIVES

Please provide the Goal 1 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly.

Goal #1: FFP will provide a no-cost weekly menu of supplemental nutritious food to each low-income resident who qualifies for food assistance, and will coordinate with FSC to deliver that food for those who are mentally or mobility impaired, disabled, or otherwise constrained to the home

During this 3rd quarter, the Fallbrook Food Pantry prepared and delivered 261 boxes of food, weighing an average of 20 pounds each (the high end of our target goal)! This means that 2,080 pounds of critical food was provided weekly to low-income residents in our community who are mentally or mobility impaired, disabled, or otherwise constrained to the home!!

Please provide the Goal 2 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly.

Goal #2: FSC will create a nutritional needs assessment for prospective clients and will refer eligible clients to the Food Pantry to ensure that Fallbrook area residents are receiving the appropriate nutritional support they require to live independently and thrive in their homes. A home delivery service will be provided by FSC for those eligible homebound seniors and/or disabled.

During this quarter, the Senior Care Advocates at The Foundation for Senior Care conducted nutritional needs assessments with 26 seniors and/or disabled adults (58% of quarterly goal).

PARTICIPANT SUCCESS STORY

Participant Success Story:

Please see attached

Participant Success Story:



ACKNOWLEDGEMENT

Please describe how the Fallbrook Regional Health District's Community Health Contract - Grant investment toward this program was acknowledged during this reporting timeframe.

The Foundation for Senior Care acknowledged the District in the following ways throughout the quarter: The FRHD logo was affixed to the sides of our Care Vans.

We included the FRHD logo and official sponsor designation in all emails from every staff member.

Our organization and specific Care Van program brochure featured the FRHD logo and official sponsor language.

The FRHD logo and sponsorship support status appears on our website.

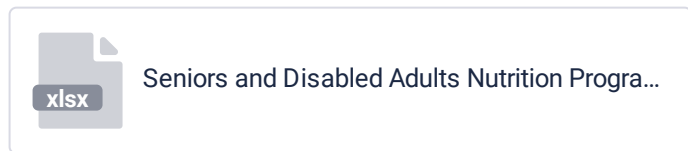
The Fallbrook Food Pantry acknowledged the District in the following ways throughout the quarter:
The FRHD logo and sponsorship support status appears on our website
Our annual report recognizes FRHD funding
Facebook and other social media posts
Our newsletters acknowledge support

Please upload one example of how the District's support for this program was publicly acknowledged.



BUDGET

Please upload a copy of the program budget you submitted with the application. Fill in the Q3 column demonstrating the current utilization of grant funds.



Please sign your form:

P. Sawyert