

Regular Food Distribution Log

Month/Year: _____

Agency Name: _____

Agency #: _____

			Household Information						Agency Use Only		
	<u>Date</u>	<u>Client's First and Last Name</u>	<u>Zip Code</u>	<u># of Adults</u>	<u># of Children</u>	<u>Employed (Yes/No)</u>	<u>Receives Government Assistance (Yes/No)</u>	<u>Armed Forces?</u> A = Active Duty V = Veteran N = No	<u>1st visit this month (Yes/No)</u>	<u>Received C & C Food (✓ if Yes)</u>	<u>Partner Agency Staff/Volunteer Initial</u>
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Page Totals _____ A= _____ V= _____