



FORM I: CLIENT SIGNATURE LOG

Agency Name _____

Agency # _____ Date _____

This form certifies that the following household received a distribution of USDA Commodity foods on the above listed date. Signature of Recipient plus the amount of people in the households is required.

- | | |
|-------------------|-------------------|
| 1. _____ + _____ | 21. _____ + _____ |
| 2. _____ + _____ | 22. _____ + _____ |
| 3. _____ + _____ | 23. _____ + _____ |
| 4. _____ + _____ | 24. _____ + _____ |
| 5. _____ + _____ | 25. _____ + _____ |
| 6. _____ + _____ | 26. _____ + _____ |
| 7. _____ + _____ | 27. _____ + _____ |
| 8. _____ + _____ | 28. _____ + _____ |
| 9. _____ + _____ | 29. _____ + _____ |
| 10. _____ + _____ | 30. _____ + _____ |
| 11. _____ + _____ | 31. _____ + _____ |
| 12. _____ + _____ | 32. _____ + _____ |
| 13. _____ + _____ | 33. _____ + _____ |
| 14. _____ + _____ | 34. _____ + _____ |
| 15. _____ + _____ | 35. _____ + _____ |
| 16. _____ + _____ | 36. _____ + _____ |
| 17. _____ + _____ | 37. _____ + _____ |
| 18. _____ + _____ | 38. _____ + _____ |
| 19. _____ + _____ | 39. _____ + _____ |
| 20. _____ + _____ | 40. _____ + _____ |

Total Households _____

Total Individuals _____

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FOR OFFICE USE ONLY	
FSF Team Member who processed information	_____
Date Received	_____