



FORM I: CLIENT SIGNATURE LOG

Agency Name: _____
 Agency Number: _____ Date: _____

This form certifies the following household received a distribution of food on the above listed date. The recipient should identify the number of adults, children and seniors living in the household and then sign certifying the number is correct.

	Adults (19-59)		Children (0-18)		Seniors (60 +)		Total	Print Name
1		+		+		=		
2		+		+		=		
3		+		+		=		
4		+		+		=		
5		+		+		=		
6		+		+		=		
7		+		+		=		
8		+		+		=		
9		+		+		=		
10		+		+		=		
11		+		+		=		
12		+		+		=		
13		+		+		=		
14		+		+		=		
15		+		+		=		
16		+		+		=		
17		+		+		=		
18		+		+		=		
19		+		+		=		
20		+		+		=		
21		+		+		=		
22		+		+		=		
23		+		+		=		
24		+		+		=		
25		+		+		=		
Total Individuals: _____								

FOR OFFICE USE ONLY

FSF Team Member who processed information _____
 Date Received _____

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