

Month/Year:

**CLIENT SIGN IN SHEET (for service more than 1x/month)**

Client Name / Head of Household <i>(Please Print)</i>	County of Residence	Zip Code of Residence	Receiving Food Stamps (Yes or No)	Receive TEFAP (Yes or No)	Is someone in the Household Employed? (Yes or No)	(Please note how many people in each age category)				Total No. People in Household	*Declared Race	client initial columns			
						0 -4 years	5 - 17 years	18 - 64 years	65 yrs Plus			1st Tues	2nd Tues	3rd Tues	4th Tues
1															
2															
3															
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17															
18															
19															
20															

\*You are not required to answer these questions to receive food assistance. However, your options for this field are: Black, White, Asian, American Indian, Other