

Today's Date: _____		CLIENT SIGN IN SHEET									
Client Name/ Head of Household (Please Print)	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
						0 - 4 years	5 - 17 years	18 - 59 year	60 yrs Plus		
1											
2											
3											
4											
5											
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11											
12											
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15											
16											
17											
18											
19											
20											
<i>Totals:</i>						0	0	0	0	0	

*You're not required to answer this question to receive food assistance. However, your options for this field are: Black, White, Hispanic, Asian, American Indian, Other