



Agency Name \_\_\_\_\_ Site: \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

I CERTIFY THAT I RECEIVED FOOD FROM THIS AGENCY

DATE	PRINTED NAME	NEW	# of Adults 18-64 Years	# of Children 0-18 Years	# of Seniors 65 & OVER	ADDRESS	SIGNATURE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
TOTAL # OF →						TOTAL # OF SIGNATURES →	