

### Regular Food Distribution Log

Month/Year: \_\_\_\_\_

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

Agency #: \_\_\_\_\_

Date	Client's First and Last Name	Zip Code	Household Information					Agency Use Only	
			# of Adults	# of Children	Employed (Yes/No)	Receives Government Assistance (Yes/No)	Armed Forces? A = Active Duty V = Veteran N = No	1st visit this month (Yes/No)	Partner Agency Staff/Volunteer Initial
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