



Client Sign-In Sheet

Date: _____

Agency: _____

Name (print) <i>English</i>	Number of People in Household?	New Client? Yes / No	Youth	Adult	Senior	Pets	Veterans
Nombre (imprimir) <i>Spanish</i>	Numero en la casa?	Nuevo Cliente? Si / No	Jovenes	Adulto	Ancianos	Animales	Veteranos
Non (enprime) <i>Creole</i>	Kantite moun nan fanmi an?	Nouvo kliyan? Wi / No	Jenes	Granmoun	Granmoun aje	Bet kay	Veterine
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
TOTALS > Individuals Served:	Household Size:	New:	Youth:	Adults:	Seniors:	Pets:	Veterans:

*** NOTE: NOT ALL INFORMATION IS NECESSARY TO RECEIVE TEFAP/USDA FOOD.**

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