Agency Name_____ Account #_____ Date_____

PLEASE PRINT

Agency Client Sign-In Sheet
CLIENT MUST SIGNTHEMSELVES IN

				total # in each household								
Name	Link2Feed #	Phone #	Address	Total # in household	Infant to 17 years	18 to 64 years	65 years and up	White Caucasian	African American	Hispanic Latino	Asian	New Client Yes/no
Example Name	01010101	936 832-4444	100 apt B Spring St Cleveland 77327	4	1	2	1	2	0	2	0	Yes