

Client Daily Sign-in Sheet

Site Name: _____

Date: _____

# of house holds	Signature	Address	New client		Household Size	Infants 0-24mo	Toddlers 2-5 years	Child 6-17 yrs	Adults 18-64 yrs	Seniors 65+ yrs	Workers Initials
			Yes	No							
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
SHEET TOTALS											

I CERTIFY THAT I HAVE A TOTAL FAMILY INCOME WITHIN THE STATED GUIDELINES & I AM NOT GOING TO ANY OTHER PANTRY UNLESS THIS IS AN EMERGENCY SITUATION THAT I HAVE INFORMED THE PANTRY WORKERS ABOUT.