

Agency Name _____

Date _____

Site Address _____

USDA Sign-in Sheet



	*Print Name	*# in Household	# Children	# Seniors	# Vets	*What state do you reside in?	*Eligibility
1							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
2							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
3							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
4							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
5							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
6							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
7							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
8							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
9							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
10							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
11							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
12							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
13							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
14							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
15							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
16							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
17							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
18							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
19							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
20							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food