#  Agency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sheet # \_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Printed Name &**Signature***if client wishes to disclose this information*  | Address(Zip Code or Neighborhood) *if client wishes to disclose this information* | **People** | Meals | Veterans ***(this number kept separate)*** |
| 1 |  |  |  |  |  |
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| 9 |  |  |  |  |  |
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| 10 |  |  |  |  |  |
|  |  |  |
|  TOTALS ***(these totals are reported to DTC)*** |  |  |  |