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

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| --- | --- | --- | --- | --- | --- |
|  | 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)*** | | |  |  |  |