

AGENCY NAME: _____

DISTRIBUTION DATE: ____/____/____



HH #	First + Last Name	Zip Code	Phone #	Total Persons in Household	# of Children Ages 17 & ↓	# of Seniors Ages 60 & ↑	Total Pounds Received
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							