

# Family and Single Adult Token Distribution Log

Please Print Client's Early Provider Name and Contact Number:  
**Glide Walkers I Center**  
**ANA G 415-400-7636**

No.	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	1-21-15				ON	2	SFGH
2	1-21-15				ON	2	SFGH
3	1-21-15				ON	2	TRIBE PRN
4	1-21-15				ON	2	TRIBE PRN
5	1-21-15				ON	2	TRIBE PRN
6	1-21-15				ON	2	WINTER SHELTER
7	1-21-15				ON	2	SFGH
8	1-21-15				ON	2	SANTA MARIA
9	1-21-15				ON	2	SANTA MARIA
10	1-21-15			Resource Center	Danielle	1	Doctor
11	1-21-15			"	Danielle	4	Doctor (family)
12	1-22-15			"	DC	2	SFGH
13	1-22-15			"	DC	2	VA
14	1-22-15			"	DC	2	SFGH
15	1-22-15			"	DC	2	WALKER
16	1-22-15			"	DC	2	Shelter
17	1-22-15			"	DC	2	Shelter
18	1-22-15			"	DC	2	Shelter
19	1-23-15			"	DC	2	Shelter
20	1-23-15			Resource Center	Danielle	2	SFGH
					DC	2	SF Francisco

PLEASE INDICATE THE DATE TOKEN DISTRIBUTION RECEIVED AND THE DATE TOKEN DISTRIBUTION WAS FINISHED.  
 Begin new distribution on new page.

Date Token Distribution Received	1-21-2015
Date Token Distribution Finished	
Number of days without tokens	

Please show total for this page here

40

# Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

REFER TO MUNI TOKEN POLICY: Token usage includes: Permanent housing appts; medical appointments; substance abuse treatment; job search/interviews; mental health, shelter services and seniors. Travel limited to and from Bayview/Hunter's Point, Mission District and Interfaith shelter locations.  
**PLEASE SPECIFY USAGE.**

Provide 2 tokens EXCEPT when travelling to/from shelter or CHANGES location.

Please indicate: Shelter/Resource Center/Organization: Specify type of service, ie, Case Management, Shelter, Resource Center, etc.

Program Type

No.	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	1-23-15			Resource Center	Danielle C.	2	Doctors
2	1-23-15			"		3	PROV X 3 FRI WEEKEND
3	1-23-15			"		2	PROV
4	1-23-15			"		2	PROV
5	1-23			"		3	PROV (weekend)
6	1-24-15			"	DC	2	SFGH
7	1-24-15			"	DC	2	Doctor
8	1-26-15			"	DC	2	Doctor
9	1-26-15			"	DC	2	SFGH
10	1-26-15			"	DC	2	HOUSING SEARCH
11	1-26-15			"	DC	2	HOSPITAL
12	1-26-15			"		2	PROV
13	1-26			"		2	PROV
14	1-26			"		2	PROV
15	1-27-15			"	Danielle	4	HOSPITAL
16	1-27-15			"	Danielle	1	NEXT DOG
17	1-27-15			"		1	PROV DOCTOR, HPT
18	1-28-15			"	Danielle	2	Shelter
19	1-28-15			"	Gucci	2	Doctor
20	1-28-15			"	Gucci	2	St Francisco

distribution received and the date token distribution was finished. Begin new distribution on new page.

Date Token Distribution Received	
Date Token Distribution Finished	
Number of days without tokens	43

Please show total for this page here

# Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

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**PLEASE SPECIFY USAGE.**

No.	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	01-29-15			Resource Center	Danielle (aka)	2	baises
2	1-29-15			"	Suee	2	DOCK Housing
3	1-29			"	HW	2	PRAY
4	1-29			"	CA	2	PRAY
5	1-29			"	AC	2	PRAY
6	1-29			"	AD	2	CCS
7	1-29			"		1	STG
8	1-29			"		1	wanted place
9	1-30-14			"	Danielle	2	Doctor
10	1-30-14			"	AD	2	Doctor
11	1-30-14			"	GW	1	WESTSIDE
12	1-30-14			"	CA	2	PRAY
13	1-30			"	CA	2	PRAY
14	1-30			"	CA	2	PRAY
15	1-30			"	CA	2	PRAY
16	1-30			"	AV	2	PRAY
17	2-2			"	AD	2	JST
18	2-2			"	DC	2	WESTSIDE
19	2-2			"	DC	2	PVD
20	2-2			"	DC	2	shelter

Please indicate the date token distribution received and the date token distribution was finished. Begin new distribution on new page.

Date Token Distribution Received	
Date Token Distribution Finished	
Number of days without tokens	

Please show total for this page here

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# Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

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**PLEASE SPECIFY USAGE.**

No.	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	Number of Tokens Provided	Reason/Tokens Requested
1	2-1-15			Resource Center	DC	2	PROV
2	2-1-15			"	DC	2	PROV
3	2-3-15			"	DC	2	PROV
4	2-3-15			"	DC	2	PROV
5	2-3-15			"	DC	2	PROV
6	2-3-15			"	DC	2	PROV
7	2-4-15			"	DC	2	PROV
8	2-4-15			"	DC	2	PROV
9	2-4-15			"	DC	2	PROV
10	2-4-15			"	DC	2	PROV
11	2-4-15			"	DC	2	PROV
12	2-4-15			"	DC	2	PROV
13	2-5-15			"	DC	2	PROV
14	2-5-15			"	DC	2	PROV
15	2-5-15			"	DC	2	PROV
16	2-5-15			"	DC	2	PROV
17	2-5-15			"	DC	2	PROV
18	2-5-15			"	DC	2	PROV
19	2-5-15			"	DC	1	PROV
20	2-5-15			"	DC	1	PROV

Please indicate the date token distribution received and the date token distribution was finished.  
Begin new distribution on new page.

Date Token Distribution Received		Please show total for this page here	37
Date Token Distribution Finished			
Number of days without tokens			

# Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Please indicate:  
Shelter/Resource Center/Organization:  
Specify type of service, ie, Case Management, Shelter, Resource Center, etc.

No.	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	2-9-15			"	Quee' Williams	1	Doctor App
2	2-9-15			"	Quee' Williams	1	Shelter
3	2-9-15			"	Quee' Williams	1	Doctor App
4	2-9-15			"	Quee' Williams	2	Pick up Med
5				"	Quee' Williams	2	Doctor
6				"			
7	2-10-15			"	DC	2	General
8	2-10-15			"	Danielle	2	work
9	2-10-15			"	DC	7	Program
10	2-10-15			"	DC	1	Tom Widdell
11				"		2	
12	2-11-15			"	Danielle	2	V.A.
13	2-11-15			"	DC	1	work
14	2-11-15			"	DC	2	MSC
15	2-11-15			"	DC	2	MSC
16	2-11-15			"	DC	2	MSC
17				"		2	MJC
18				"		2	
19	2-12-15			Resource Center	DC	7	Interview
20	2-12-15				DC	7	Doctor

distribution received and the date token distribution was finished.  
Begin new distribution on new page.

Date Token Distribution Received		Please show total for this page here <div style="font-size: 2em; font-weight: bold;">33</div>
Date Token Distribution Finished		
Number of days without tokens		

# Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Glide

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No.	Date Provided to Client	Print Client Name	Last 4 SSS#	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	12-12-15			Resource center	AL	2	SFGH
2	2-12-15			"	Danielle Labe	1	pharmacy
3	2-12-15			"	Danielle	1	Doctor
4	2-12-15			"	DC	2	Hospital
5	2-12-15			"	AV	2	RAY
6	2-13-15			"	DC	2	Hospital
7	2-13-15			"	DC	2	pharmacy
8	2-13-15			"	DC	2	Appointment
9	2-13-15			"	PC	2	PVD
10	2-16-15			"	DC	2	SFGH
11	2-16-15			"	DC	2	SFGH
12	2-16				AV	1	RAY
13						1	RAY
14						1	RAY
15						1	RAY
16						1	RAY
17						1	RAY
18							
19							
20							

Please indicate the date token distribution received and the date token distribution was finished. Begin new distribution on new page.

Date Token Distribution Received	
Date Token Distribution Finished	
Number of days without tokens	

Please show total for this page here

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# Family and Single Adult Token Distribution Log

Please Print Care Provider Name and Contact Number:

Ana Guillen  
Glide Walk In Center

No.	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	2-20-15			Resource Center	Danielle C	2	Interview
2	2-23-15			"	Danielle	2	SFGH / St. Francis
3	2-23-15			"	Danielle	1	Job Interview
4	2-23-15			"	Danielle	1	VA
5	2-23-15			"	DC	1	SFGH
6	2-23-15			"	DC	1	SFGH
7	2-23-15			"	DC	2	SFGH
8	2-23-15			"	DC	2	SF West-side
9	2-23-15			"	DC	1	Methodon
10	2-24-15			"	DC	1	SFGH
11	2-24-15			"	DC	2	SFGH
12	2-24-15			"	Danielle	1	Interview
13	2-24-15			"	Danielle	2	Job Hunting
14	2-24-15			"	DC	1	Job Interview
15	2-24-15			"	DC	2	PVA
16	2-25-15			"	DC	1	Doc. App
17	2-25-15			"	Danielle	2	SFGH
18	2-25-15			"	Danielle	2	Castro Mission Health
19	2-25-15			"	Nikki Dove	2	Job searching laptops
20	2-25-15			"	Nikki Dove	1	PVA
21	2-25-15			"	Nikki Dove	2	Delores Shelter

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Please indicate: Shelter/Resource Center/Organization: Specify type of service, ie, Case Management, Shelter, Resource Center, etc.

Please indicate the date token distribution received and the date token distribution was finished. Begin new distribution on new page.

Date Token Distribution Received	02-20-15	Please show total for this page here <span style="font-size: 2em;">32</span>
Date Token Distribution Finished		
Number of days without tokens		

# Family and Single Adult Token Distribution Log

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No.	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	2-25-15			Resource Center	Nicki Dove	2	PVD
2	02-26-15			"	Danielle Cato	2	School/Shelter
3	2-26-15			"	Danielle Cato	2	DOCTORS
4	2-26-15			"	Danielle Cato	2	SFGH
5	2-26-15			"	Danielle	2	JURY DUTY
6	2-26-15			"	Nicki Dove	1	MISC
7	2-26-15			"	Nicki D	2	DELAYS
8	2-26-15			"	Nicki D	2	PROVIDENCE
9	2-26-15			"	AC	2	PVD
10	2-27-15			"	DC	2	PHARMACY
11	2-27-15			"	N Dove	2	PVD
12	2-27-15			"	N Dove	2	Shelter
13	2-27-15			"	N Dove	2	Hospital
14	2-27-15			"	N Dove	2	HOSPITAL
15	2-27-15			"	Danielle C.	2	PVD
16	2-27-15			"	Nicki D	2	PVD
17	2-27-15			"	Nicki D	2	PVD
18	03-03-15			"	Guercio	2	DOC
19	3-3-15			"	Danielle	2	WORK
20	3-3-15			"	DC	2	VCSF
				"	MVP	2	ES

Please indicate the date token distribution received and the date token distribution was finished. Begin new distribution on new page.

Date Token Distribution Received	02-20-15
Date Token Distribution Finished	
Number of days without tokens	

Please show total for this page here

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# Family and Single Adult Token Distribution Log

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No.	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	3.3.15			Resource Center	Nickie D	1	
2	3.3.15			"	Nickie D	1	
3	3.4.15			"	Gueli	2	Doctor Med Shelter
4	3.4.15			"	Gueli	2	Shelter
5	3.4.15			"	Gueli	2	Shelter
6	3.4.15			"	Gueli	2	Shelter
7	3.4.15			"	Gueli	2	Shelter
8	3.4.15			"	Gueli	2	Shelter
9	3.5.15			Resource Center	Gueli	2	Shelter
10							
11							
12	3-5-15			Resource Center	MD	2	Shelter
13	3-5-15			Resource Center	MD	2	Shelter
14	3-5-15			"	MD	2	PWS
15	3-5-15			"	MD	1	ES
16	3-6-15			"	MD	2	ES
17	3-6-15			"	Danielle	2	PWD
18	3-9-15			"	MD	2	Hospital
19	3-9-15			"	Danielle Cab	5	MD
20	3-9-15			"	Gueli	2	Hospital
				"	Danielle	2	Housing Shelter

Please indicate the date token distribution received and the date token distribution was finished. Begin new distribution on new page.

Date Token Distribution Received	
Date Token Distribution Finished	
Number of days without tokens	

Please show total for this page here

# Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

guide

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No.	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	3-9-15			Resource Center	Danielle	1	Interview
2	3-9-15			"	MD	2	W. Side methadone Clinic
3	3-9-15			"	MD	2	PVID
4	3-9-15			"	MD	2	ES
5	3-9-15			"	MD	1	SFGH
6	3-10-15			"	Pauelle Cabo	2	SFGH
7	3-10-15			"	DC	2	SFGH
8	3-11-15			"	Ann Gumbha	2	PVID
9	3-10-15			"	MD	2	
10	3-10-15			"	MD	2	
11	3-12-15			"	Danielle	1	Shelter
12	3-12-15			"	DC	1	Shelter
13	3-12-15			"	DC	1	Shelter
14	3-12-15			"	DC	2	Shelter
15	3-12-15			"	DC	2	Shelter
16	3-12-15			"	DC	1	Shelter
17	3-13-15			"	DC	2	SFGH
18	3-13-15			"	DC	2	SFGH
19	3-13-15			"	DC	2	Shelter
20							

Please indicate the date token distribution received and the date token distribution was finished. Begin new distribution on new page.

Date Token Distribution Received	
Date Token Distribution Finished	
Number of days without tokens	
Please show total for this page here	33

# Family and Single Adult Token Distribution Log

Please Print Client's Early Provider Name and Contact Number:

**Anna Guillen**  
 330 Ellis St  
 HIS-400-2636

Please indicate: Shelter/Resource Center/Organization: Specify type of service, ie, Case Management, Shelter, Resource Center, etc.

Provide 2 tokens EXCEPT when travelling to/from shelter or CHANGES location.

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**PLEASE SPECIFY USAGE.**

No.	Date Provided to Client	Last 4 SS#	Print Client Name	Print Staff Name	Program Type	Number of Tokens Provided	Reason Tokens Requested
1	3-25-15			Nikki Dove	Resource Ctr	2	SFGH shelter
2	3-25-15				"	2	PVD
3	3-25-15				"	2	MS-south
4	3-25-15			Nikki Dove	"	2	PVD
5	3-25-15			Nikki Dove	"	2	MSC-South
6	3-25-15				"	2	ASSC
7	03-26-15			Danielle Cabo	Resource Center	2	Doctor
8	3-26-15			Danielle Cabo	"	2	SFGH
9	3-26-15			DC	"	1	GF
10	3-26-15			DC	"	2	SFGH
11	3-26-15			Nikki Dove	"	2	WS MDClinic
12	3-26-15			Nikki Dove	"	3	Work
13	3-26-15			Nikki Dove	"	1	PVD
14	3-26-15			Nikki Dove	"	2	MSC-South
15	3-26-15			Nikki Dove	"	2	MSC-South
16	3-27-15			Danielle Cabo	"	1	GF
17	3-27-15			Danielle	"	2	SFGH
18	3-27-15			Gucci	"	2	SFGH
19	3-27-15			Gucci	"	2	SFGH
20	3-27-15			Gucci	"	2	VA

Distribution received and the date token distribution was finished.  
 Begin new distribution on new page.

Date Token Distribution Received	03-25-15
Date Token Distribution Finished	04-09-15
Number of days without tokens	7

Please show total for this page here

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# Family and Single Adult Token Distribution Log

**Please Print Clearly Provider Name and Contact Number:**  
 Ana G. *Glide*  
 W In Center  
 415-400-2636

No.	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	3-26-15	A. <i>WILLIAMS</i>			<i>[Signature]</i>	1	Weekend - Shelter
2	3-26-15				<i>[Signature]</i>	2	Shelter
3	3-27-15			Resource Center	NVD	3	PVD
4	3-30-15			Resource Center	DC	2	Vet
5	3-30-15			"	Danielle	2	Castro Health Center
6	3-30-15			"	<i>[Signature]</i>	2	Doctor
7	3-30-15			"	<i>[Signature]</i>	2	Doctors APP
8	3-30-15			"	<i>[Signature]</i>	4	Work
9	3-30-15			"	Nikki Dore	2	PVD
10	3-30-15			"	Nikki Dore	2	Sports - Mar
11	3-31-15			"	<i>[Signature]</i>	2	PROV
12	3-31-15			"	<i>[Signature]</i>	2	D.S
13	3-31-15			"	Nikki Dore	2	PVD
14	3-31-15			"	Nikki Dore	2	MSC
15	3-31-15			"	NVD	2	ST Vincent
16	4-1-15			Resource Center	Bernice Serrano	2	Daly City
17	4-1-15			"	Danielle Lake	2	WMC (Mina)
18	4-1-15			"	Nikki Dore	2	SFGH / St Francis
19	4-1-15			"	Danielle	3	
20	4-1-15			"	Nikki Dore	2	PVD

Please indicate the date token distribution received and the date token distribution was finished.  
 Begin new distribution on new page.

Date Token Distribution Received	
Date Token Distribution Finished	
Number of days without tokens	46

Please show total for this page here