

Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Glide Walk (N)
Center
410-263C

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.

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.

No.	Date Provided to Client	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	10.7		AV	1	UNID
2	10.7		AV	1	AV
3	10.7		AV	1	AV
4	10.7		AV	2	AV
5	10.7		AV	2	AV
6	10.7		AV	2	AV
7	10.7		AV	2	AV
8	10.7		AV	2	AV
9	10.6		AV	1	AV
10	10.6		AV	1	AV
11	10.6		AV	1	AV
12	10.6		AV	1	AV
13	10.6		AV	1	AV
14	10.6		AV	1	AV
15	10.6		AV	1	AV
16	10.6		AV	1	AV
17	10.6		AV	1	AV
18	10.6		AV	1	AV
19	10.6		AV	1	AV
20	10.6		AV	1	AV

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:

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	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	10-6		AE	2	PUD
2	10-6		AE	2	PUD
3	10-7-14		DE	1	Doctors
4	10-7-14		AE Doc 2	2	Doctors/eye Doc
5	10-7-14		AE	2	Doctors
6			AE	2	Doctors
7	10/7/14		Arca	2	Doctors
8	10/7/14		Arca	1	Arca
9	10/7/14		Arca	1	Arca
10	10/7/14		Arca	1	Arca
11	10/7/14		Arca	1	Arca
12	10/7/14		Arca	1	Arca
13	10/7/14		Arca	1	Arca
14	10/7/14		Arca	2	Arca
15	10/7		Arca	2	Arca
16	10/7		Arca	2	Arca
17	10/7		Arca	2	Arca
18	10-7		Arca	2	Arca
19	10-7-14		Arca	2	Arca
20	10-9-14		Arca	1	Arca

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 Child's early Provider Name and Contact Number:

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No.	Date Provided to Client
1	10.2.14
2	10.2.14
3	10.2.14
4	10.2.14
5	10.2.14
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

Please indicate: Shelter/Resource Center/Organization: ie, Case Management, Shelter, Resource Center, etc.	Provide 2 tokens EXCEPT when travelling to/from shelter or CHANGES location.	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.
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Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
	<i>[Signature]</i>	1	<i>[Signature]</i>
	<i>[Signature]</i>	1	<i>[Signature]</i>
	<i>[Signature]</i>	1	<i>[Signature]</i>
	<i>[Signature]</i>	1	<i>[Signature]</i>

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:

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.

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

No.	Date Provided to Client	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	10-8-14	"	Sammy	2	PUP
2	10-8-14	"	Ant	1	Rowd.
3	10-9-14	"	DC	2	DOE
4	10-9-14	"	DC	1	Doct.
5	10-9-14	"	DC	2	Doctor
6	10-9-14	"	Arc	1	womens place
7	10-9-14	"	PL	1	Rowd.
8	10-9-14	"	PL	1	SFGH
9	10-9-14	"	PL	1	PUP
10	10-9-14	"	PL	1	SFGH
11	10-10-14	"	PL	2	UOSF
12		"	PL	1	PREN
13		"	PL	1	w/p
14		"	PL	1	w/p
15		"	PL	1	w/p
16		"	PL	2	MSB
17		"	PL	2	MSB
18		"	PL	2	MSB
19		"	PL	1	w/p
20		"	PL	1	w/p

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

Please show total for this page here

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Family and Single Adult Token Distribution Log

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

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

No.	Date Provided to Client	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	10-13-14	"	GW	2	Well sick doctor
2	10-13-14	"	GW	1	SFGH
3	10-14-14	"	10 Tangpo	2	FAMILY SHELTER 4 kids
4	10-14-14	"		1	PRV
5	10-14-14	"		1	PRV
6	10-14-14	"		1	PRV
7	10-14-14	"		1	PRV
8	10-14-14	"		1	PRV
9		"		1	PRV
10		"		1	PRV
11		"		2	w/p
12		"		2	w/p
13	10-15-14	Resource Center	Danielle	1	Doctor
14	10-15-14	"	Danielle	1	Interview
15	10-15-14	"	Danielle	2	Doctor
16	10-15-14	"		2	SFGH
17	10-15-14	"		2	Doctor
18	10-15-14	"		2	SMITHER
19	10-15-14	"		1	PRV
20	10-15-14	"		1	PRV

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 Caregiver 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.
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No.	Date Provided to Client	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	10-16			1	PROV
2	10-16			1	PROV
3	10-16			1	PROV
4	10-16			1	PROV
5	10-16			1	PROV
6	10-15			1	PROV
7	10-15			1	PROV
8	10-16-14	Resource Center	Danielle	1	Oactos
9	10-16-14	"	Danielle	1	Housing Apartment
10	10-16-14			2	Mission Delores
11	10-16-14			2	Miss Delores
12	10-16-14			2	Miss Delores
13	10-16-14			2	Miss Delores
14	10-16-14			2	Miss Delores
15	10-16-14			2	PROV
16	10-16-14	CM		2	Miss Delores
17	10-17	"		1	Miss Delores
18	10-17			2	Miss Delores
19	10-17			2	Miss Delores
20					

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

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Please show total for this page here

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

Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

No.	Date Provided to Client	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1			STW	1	prov
2			STW	1	prov
3			STW	1	prov
4			STW	1	prov
5			STW	1	prov
6			STW	1	prov
7			STW	1	prov
8			STW	1	prov
9			STW	1	prov
10			STW	2	MSO
11			STW	2	MSO
12			STW	2	MSO
13			STW	2	MSO
14			STW	2	MSO
15			STW	2	MSO
16	10-21-14	Resource Center	DC	2	APP.
17	6-22-14	"	STW	2	SFETH
18	10-21-14	"	STW	1	prov
19	10-21-14	"	STW	1	prov
20	10-21-14	"	STW	1	prov

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Last 4

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

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

No.	Date Provided to Client	Program Type	Print-Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	10-21-14	Resource Center	GC	1	PROV
2	10-21-14	"	GC	1	PROV
3	10-21-14	"	GC	1	PROV
4	10-21-14	"	GC	1	PROV
5	10-21-14	"	GC	1	PROV
6	10-21-14	"	GC	1	PROV
7	10-21-14	"	GC	1	PROV
8	10-21-14	"	DC	2	IPVD
9	10-22-14	"	AC	2	SFCH
10		"	AC	2	PUD
11		"	AC	2	W/P
12		"	AC	2	PUD
13	10-22-14		AC	1	PROV
14					
15					
16					
17					
18					
19					
20					

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	

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Please show total for this page here

Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Glide Foundation
 330 Ellis St.
 415-674-6012

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.

REFER TO MUNI TOKEN POLICY: Token usage includes: Permanent housing appeals; 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.

No.	Date Provided to Client	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	11.7.14		ed	1	ADULT
2	11.7.14		ed	1	ADULT
3	11.7.14		ed	2	ADULT
4	11.7.14		ed	2	ADULT
5	11.7.14		ed	2	ADULT
6	11.7.14		ed	2	ADULT
7	11.7.14		ed	2	ADULT
8	11.10.14		ed	1	ADULT
9	11.10.14		ed	1	ADULT
10	11.10.14		ed	1	ADULT
11	11.10.14		ed	1	ADULT
12	11.10.14		ed	1	ADULT
13	11.10.14		ed	1	ADULT
14	11.10.14		ed	1	ADULT
15	11.10.14		ed	1	ADULT
16	11.10.14		ed	1	ADULT
17	11.11.14		ed	1	ADULT
18	11.11.14		ed	1	ADULT
19	11.11.14		ed	1	ADULT
20	11.11.14		ed	1	ADULT

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

Date Taken	14
Date Token Distribution Finished	12-05-14
Number of days without tokens	37

Please show total for this page here

Please Print Clearly Provider Name and Contact Number:

[Empty box for provider name and contact number]

No.	Date Provided to Client
1	11-11-14
2	11-11-14
3	11-12-14
4	11-11-14
5	11-12-14
6	11-12-14
7	11-13-14
8	11-13-14
9	11-13
10	11-13
11	11-13
12	11-13
13	11-13
14	11-14
15	11-14
16	
17	11-14
18	11-14
19	11-14
20	11-14

Family and Single Adult Token Distribution Log

Program Type	Print Staff Name	Number of Tokens Provided	Reason, Tokens Requested
11 11	[Signature]	2	HOV
11 11	[Signature]	2	DOC
Resource Center	DC	2	SFGH
" "	[Signature]	2	SFGH
11 11	[Signature]	1	DOC-APP
11 11	[Signature]	1	HOV
	[Signature]	2	HOV
	[Signature]	2	HOV
	[Signature]	2	HOV
	[Signature]	2	SFGH
	[Signature]	2	SFGH
	[Signature]	2	HOUSING APP
	[Signature]	2	MISS DOVORZ
	[Signature]	2	HOV
	[Signature]	2	HOV

REFER TO MUNI TOKEN POLICY: Token usage includes: Permanent housing apps, 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.
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distribution received and the date token distribution was finished. begin new distribution on new page.

Date Token Distribution Received	11-1-14
Date Token Distribution Finished	12-05-14
Number of days without tokens	35

Please show total for this page here

Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

P.004

TAX:

DEC-12-2014 PRI 11:53 AM

No.	Date Provided to Client	Program Type	Print Staff Name	Number of Tokens Provided	Reason: Tokens Requested
1	11-17		[Signature]	1	PROV
2	11-17		[Signature]	1	PROV
3	11-17		[Signature]	1	MEET POOL
4	11-17		[Signature]	1	MEET POOL
5	11-17		[Signature]	2	MEET POOL
6	11-18-14		[Signature]	2	DOE APP
7	11-18-14		[Signature]	2	DOE APP
8	11-18-14		[Signature]	2	DOE APP
9	11-18-14		[Signature]	2	DOE APP
10	11-18-14		[Signature]	2	DOE APP
11	11-18-14		[Signature]	2	DOE APP
12	11-18-14		[Signature]	2	DOE APP
13	11-18-14		[Signature]	2	DOE APP
14	11-18-14		[Signature]	2	DOE APP
15	11-19-14		[Signature]	1	MEET POOL
16	11-19-14		[Signature]	1	MEET POOL
17	11-19-14	San qm Resource Center	Danielle	2	work
18	11-19-14	Resource Center	Danielle	2	clothing
19	11-19-14		[Signature]	1	PROV
20	11-19-14		[Signature]	1	PROV

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PLEASE SPECIFY USAGE.

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

Please show total for this page here

33

Date Tot

Date Token Distribution Finished

Number of days without tokens

Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

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No.	Date Provided to Client	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	11-20-14	LC	Green	2	Doc
2	11-20-14	LC	Green	2	Doc
3	11-20-14	LC	Green	2	Doc
4	11-20-14	LC	Green	2	App
5	11-20-14	LC	Green	2	App
6	11-20-14			1	App
7	11-20-14			2	App
8	11-20-14			2	App
9	11-20-14			2	App
10	11-20-14			2	App
11	11-21-14	Resource Center	Angela	2	Shelter - family
12	11-21-14			2	Shelter - family
13	11-21-14			2	Shelter - family
14	11-21-14			2	Shelter - family
15	11-21-14	Resource Center	Danielle	2	Shelter - family
16	11-21-14	"	Danielle	2	Shelter - family
17	11-21-14	"	De	2	Shelter - family
18	11-21-14			2	Shelter - family
19	11-21-14			2	Shelter - family
20	11-21-14			2	Shelter - family

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

Date Tok	
Date Token Distribution Finished	
Number of days without tokens	44

Please show total for this page here

Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

P. 006

FAX:

DEC-12-2014 FRI 11:54 AM

No.	Date Provided to Client	Program Type	Print Staff Name	Number of Tokens Provided	Reason/Tokens Requested
1	11-24	Resource Center	[Signature]	1	PROV
2	11-24	"	[Signature]	1	PROV
3	11-24	"	[Signature]	2	PROV
4	11-24	"	[Signature]	2	PROV
5	11-25-14	"	[Signature]	2	PROV
6	11-25	"	[Signature]	2	PROV
7	11-25-14	"	[Signature]	1	PROV
8	11-25-14	"	[Signature]	1	PROV
9	11-25-14	"	[Signature]	1	PROV
10	11-25-14	"	[Signature]	1	PROV
11	11-25-14	"	[Signature]	1	PROV
12	11-25-14	"	[Signature]	1	PROV
13	11-26-14	Resource Center	Danielle	2	DOCT
14	11-26-14	"	[Signature]	2	DOCT
15	11-26-14	"	[Signature]	2	PROV
16	11-26-14	"	[Signature]	2	PROV
17	11-26-14	"	[Signature]	2	PROV
18	11-26-14	"	[Signature]	2	PROV
19	11-28-14	"	Danielle	8	Family (DOCT)
20	11-28-14	"	Danielle	2	S.FGH

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PLEASE SPECIFY USAGE.

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	41

Family and Single Adult Token Distribution Log

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No.	Date Provided to Client	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	12-01-14	Resource Center	Danielle	2	Bayview Hope house
2	12-14-14	"	Danielle	1	shelter
3	12-1-14	"	Danielle	2	westside
4	12-1-14	"	Guca	2	poor
5	12-1-14	"	AE	2	PVO
6	12-1-14	"	AE	1	AO
7	12-1-14	"	OC	1	MISSION MARIC
8	12-2-14	"	OC	2	Volunteer
9	12-2-14	"	OC	2	
10	N.Y.	"	OC	2	
11	N.Y.	"	OC	2	
12	N.Y.	"	OC	2	
13	N.Y.	"	OC	2	
14	N.Y.	"	OC	2	
15	N.Y.	"	OC	2	
16	N.Y.	"	OC	2	
17	N.Y.	"	OC	2	
18	N.Y.	"	OC	2	
19	12-4-14	"	Danielle G.	2	Job Interview
20	12-4-14	"	Danielle G.	2	Job Interview

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	

37

Please show total for this page here

Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Please indicate:
Shelter/Resource Center/Organization:
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No.	Date Provided to Client	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	12-3-14	11 11	Gucci	2	WORK
2	12-3-14	11 11	Gucci	2	DOCTOR
3	12-3-14	Resource Center	Danielle	2	SFGH
4	12-3-14	"	Danielle	2	SFGH
5	12-3-14	"	Danielle	2	NOV
6	12-3-14	"	Danielle	2	shelter
7	12-4-14	"	Danielle	2	shelter
8	12-4-14	"	Danielle	2	NOV
9	12-4-14	"	Danielle	2	NOV
10	12-5-14	"	Danielle	2	NOV
11	12-5-14	"	Danielle	2	NOV
12	12-5-14	"	Danielle	2	NOV
13					
14					
15					
16					
17					
18					
19					
20					

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

Date To	
Date Token Distribution Finished	24
Number of days without tokens	7

24

Please show total for this page here

Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Glide Resource Center
415-674-6072
Danielle C.

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.

No.	Date Provided to Client	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	12/11	Resource center	AE	2	prov
2	12/11		AE	2	prov
3	12/11		AE	2	prov
4	12/11		AE	2	prov
5	12/11		AE	2	prov
6	12/11		AE	2	prov
7	12/11		AE	2	prov
8	12/15	"	AE	2	SFGH
9	12/15/14	"	AE	2	SFGH
10	12/15/14	"	DC	2	Hospital
11	12/15/14	"	DC	2	Labay Ready
12	12/16/14	"	DC	4	Today's Furniture
13	12/16/14	"	DC	2	Doctor
14	12/17/14	"	DC	2	UAST
15	12/17/14	"	DC	2	SFGH
16	12/18/14	"	DC	2	VA
17	12-19-14	"	DC	2	prov
18	12-19-14	"	DC	2	shelter
19	12/19/14	"	DC	2	shelter
20	12-19-14	"	DC	2	DOLOR'S ST

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

Date Token Distribution Received	12-11-14
Date Token Distribution Finished	1-14-15
Number of days without tokens	2

Please show total for this page here
44

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.

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

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PLEASE SPECIFY USAGE.

No.	Date Provided to Client	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	12-19-14	Resource Center	Danielle DC	2	PROV
2	12-22-14	"	Danielle DC	2	Hospital Job
3	12-22-14	"	Danielle DC	2	Hospital
4	12-22-14	"	Danielle	2	Guest
5	12-22-15	"	Danielle	2	Hospital
6	12-23-14	"	Danielle	2	V.A.
7	12-23-14	"		2	SPECIAL
8	12-23-14	"		2	PROV
9	12-23-14	"		2	PROV
10	12-23-14	"	DC	2	Meeting
11	12-23-14	"	DC	4	Meeting
12	12/26/14	"	Ann G.	2	Guest
13	12/26/14	"	Ann G.	2	Shelter
14	12/26/14	"	Ann G.	2	PROV
15	12-20-14	"	Ann G.	2	PROV
16	12-20-14	"	Ann G.	3	PROV
17	12-20-14	"	Ann G.	3	PROV
18	12-20-14	"	Ann G.	2	PROV
19	12-20-14	"	Ann G.	2	MSD
20	12-20-14	"	Ann G.	2	NY DOOR
				2	NY DOOR

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	
44	

Family and Single Adult Token Distribution Log

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No.	Date Provided to Client	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	12/26		AV	2	PRN
2	12/26		AV	2	PRN NEXT PRN
3	12/26		AV	2	PRN NEXT PRN
4	12/26		AV	2	MSC
5	12/26		AV	2	MSC
6	12/26		AV	2	employment (UPS)
7	12/29/14	Resource Center	Danielle (adv)	2	welfare office
8	12/29/14	"	DC	2	welfare office
9	12/29	"	DC	2	Shelter
10	12/29		AV	2	PRN
11	12/24		AV	2	PRN
12	12/24		AV	2	PRN
13	12/24		AV	2	PRN
14	12/24		AV	2	PRN
15	12/24		AV	2	PRN
16	12/24		AV	2	PRN
17	12/24		AV	2	PRN
18	12/24		AV	2	PRN
19	12/24		AV	2	PRN
20			AV	2	PRN

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

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PLEASE SPECIFY USAGE.

No.	Date Provided to Client	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	12-30-14	Resource Center	Danielle Gato	2	SFGH
2	12-30		AN	2	PROV
3	12-30		AN	2	PROV
4	12-30		AN	2	PROV
5	12-30		AN	2	PROV
6	12-30		AN	2	PROV
7	12-30		AN	2	PROV
8	12-30		AN	2	PROV
9	12-30		AN	2	PROV
10	12-30		AN	2	PROV
11	12-31-14	Resource Center	Danielle	2	Hospital
12	12-31-14	"	Daniella C.	2	Housing
13		"	Green	2	Dextox center
14	1-02-15	"	Danielle	2	SFGH
15		"	Guerra	2	West Side
16	01-05-15	"	Danielle	2	Doctor
17	1-5-15	"	Danielle	2	Doctor
18	1-5-15	"	AN	2	Doctor
19	1-5-15	"	AN	2	PROV
20	1-6-15	"	AN	2	DMV

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:

No.	Date Provided to Client	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	1-6-15	Resource Center	Danielle	1	PROV
2	1-7-15	"	Danielle	2	Doctor
3	1-7-15	"	Danielle	2	Doctor
4	1-7-15	"	Danielle	2	Doctors
5	1-7-15	"	Gucci	2	Doctor
6	1-7-15	"	Gucci	1	Doctor
7	1-7-15	"	Gucci	1	Lower App
8	1-7-15	"	Gucci	1	Lower App
9	1-7-15	"	Gucci	1	PROV
10	1-7-15	"	Ava	2	PROV
11	1/14/15	"	DC	2	hosptal
12	1-14-15	"	DC	3	Doctor / shelter
13	1-14-15	"	DC	2	VA
14					
15					
16					
17					
18					
19					
20					

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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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