

Monthly Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:
 Next Door Shelter
 415-487-3300 FAX 4211

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

Provide tokens when traveling to/from shelter or CHANGES location.

REFER TO MUNI TOKEN POLICY: ...an 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/Hunters Point, Mission District and Interfaith shelter locations.
 PLEASE SPECIFY USAGE.

#	Date Provided to Client	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	1/1/14	Shelter	Rose Smith	2	look for work
2	1/1/14		"	2	housing
3	1/1/14		"	2	staff
4	1/1/14		"	2	case mgr
5	1/1/14		"	2	staff
6	1/2/14		"	2	look for work
7	1/2/14		"	2	work
8	1/2/14		"	2	work
9	1/2/14		"	2	work
10	1/2/14		"	2	work
11			"	2	Dr.
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Please indicate the date token distribution received and the date token distribution was finished. Begin new distribution on new page.

Monthly Token Distribution Date/Total Received
 Monthly Token Distribution Date Finished
 Month Number of days without tokens

Please show monthly total for this page here

20

Please only 20 Tokens Per Sheet. THANK YOU

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Shelter

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#	Date Provided to Client	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	1/3/14	Shelter	Rose Smith	2	Dr App
2	1/3/14		''	1	Dr App
3	1/3/14		''	1	Dr App
4	1/3/14		''	1	Dr App
5	1/3/14		''	1	App
6	1/3/14		''	1	App Dr
7	1/3/14		''	1	Therapy
8	1/3/14		''	1	App
9	1/3/14		''	1	Dr App
10	1/3/14		''	1	Dr. App
11	1/3/14		''	1	App
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Monthly Token Distribution Date/Total Received: _____
 Monthly Token Distribution Date Finished: _____
 Month Number of days without tokens: _____
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Please only 20 Tokens Per Sheet. Thank You!

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NEXA DDD
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#	Date Provided to Client	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	1/4/14	Shelter	Chase Sando	2	Appt
2	1/4/14		"	2	Appt
3	1/5/14		"	2	work
4	1/6/14		"	2	DR. appt
5	1/5/14		"	2	work
6	1/6/14		"	2	S.S. Appt
7	1/6/14		"	2	work
8	1/6/14		"	2	A: Bar
9	1/6-14		"	2	A: Bar
10	1/6/14		"	2	Dr Appt
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#	Date Provided to Client	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	1/7/14	Shelter	Rose Smith	2	Sched
2	1/7/14		"	2	MSC
3	1/7/14		"	2	Sched
4	1/7/14		"	2	Housing
5	1/7/14		"	2	Housing
6	1/7/14		"	2	Draper
7	1/7/14		"	2	CPS visit
8	1/7/14		"	2	Housing
9	1/7/14		"	2	Looking for job
10	1/8/14		"	2	Sched
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#	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested	
1	1/18			Shelter	Rose Sm. M	1	Dr	
2	1/18			[Wavy line]	"	2	Housing	
3	1/18				"	2	SFGH	
4	1/18				"	2	SFGH	
5	1/18				"	2	Housing/SGH	
6	1/18				"	2	Dr PPT	
7	1/19				"	2	Dr PPT	
8	1/19				"	2	App-SGHA	
9	1/19				"	2	Housing	
10	1/19				"	2	SFGH	
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#	Date Provided to Client	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	1/10/14	Shelter	Dani Johnson	2	housing
2	1/10/14		Rose Smith	2	HOUSING
3	1/10/14		Rose Smith	2	SAC
4	1/10/14		Rose Smith	2	DR APPT
5	1/10/14		Rose Smith	2	HOUSING
6	1/10/14		Rose Smith	2	HOUSING
7	1/10/14		Rose Smith	2	work/Housing
8	1/10/14		Rose Smith	2	SCHOOL/APP
9	1/10/14		Rose Smith	2	VA DR APPT
10	1/10/14		Rose Smith	2	SAC
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#	Date Provided to Client	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	1-13-13	Shelter	John C.	2	Housing
2		"	John C.	1	Housing
3		"	"	1	Pop Apps
4		"	"	3	Alcops
5		"	"	2	Housing
6		"	"	1	School
7		"	"	1	Housing/Doc App
8		"	Rose	1	CPS will
9		"	Rose	1	work/165 cap
10		"	Rose	1	Dr SFGH
11		"			
12		"			
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#	Date Provided to Client	Last 4 SS#	Program Type	Prim Staff Name	# of Tokens Provided	Reason Tokens Requested
1	1/1/14		Shelter	Rose Smith	2	School
2	1/1/14			Rose Smith	2	Housing
3	1/1/14			Rose Smith	2	DRAPER
4	1/1/14			Rose Smith	2	School
5	1/1/14			Rose Smith	2	Housing
6	1/1/14			Rose Smith	2	SF Hgt Pt
7	1/1/14			Rose Smith	2	Housing
8	1/1/15			Rose Smith	2	School
9	1/1/15			Rose Smith	2	CPS VISIT
10	1/1/15			Rose Smith	2	School
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#	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	1/15			Shelter	Rose Smith	2	GAH/Carp
2	1/15				Rose Smith	2	Los 8th GAH
3	1/15				Rose Smith	2	Housing
4	1/15				Rose Smith	2	School
5	1/16				Rose Smith	2	Los Cap
6	1/17				Rose Smith	2	School
7	1/17				Rose Smith	2	Housing
8	1/17				Rose Smith	2	School
9	1/17				Rose Smith	2	SKAPP
10	1/17				Rose Smith	2	Dr APPA
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#	Date Provided to Client	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	1-31	Shelter	Rose Smith	2	Dr APPT
2	1-31			2	WORK
3	1-31			2	Dr APPT
4	1-31			2	Dr APPT
5	1-31			2	SF Gut
6	1-31			2	Dr APPT
7	1-31			2	Housing
8	1-31			2	HOUSING
9	1-31			2	HOUSING
10	1-31			2	GIF/167
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