

Resource Centers, Family and Senior Adult Shelters Token Distribution Log

Shelter/RC Name:

Next Door Shelter

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

2 tokens = one allocation

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.

| No. | Date Requested | Print Client Name | Last 4 SS# | Program Type | Print Staff Name | Number of Tokens Provided | Reason/Tokens Requested |
|-----|----------------|-------------------|------------|--------------|------------------|---------------------------|-------------------------|
| 1 | 12-2-14 | | | Shelter | L. Dock | 2 | Medical appt. w/ SF |
| 2 | 12-3-14 | | | " | L. Dock | 2 | job search |
| 3 | 12-3-14 | | | " | L. Dock | 2 | medical appt. SFH |
| 4 | 12-3-14 | | | " | K. GULLORY | 2 | shelter services |
| 5 | 12-3-14 | | | " | K. GULLORY | 2 | Medical |
| 6 | 12-3-14 | | | " | K. GULLORY | 2 | Medical |
| 7 | 12-3-14 | | | " | K. GULLORY | 2 | Senior |
| 8 | 12-3-14 | | | " | K. GULLORY | 2 | Shelter Services |
| 9 | 12-4-14 | | | " | K. GULLORY | 2 | Senior Health |
| 10 | 12-4-14 | | | " | K. GULLORY | 2 | Job Search |
| 11 | 12-4-14 | | | " | K. GULLORY | 2 | Senior |
| 12 | 12-4-14 | | | " | K. GULLORY | 2 | Medical |
| 13 | 12-5-14 | | | " | K. GULLORY | 2 | Job Search |
| 14 | 12-5-14 | | | " | K. GULLORY | 2 | Medical |
| 15 | 12-5-14 | | | " | K. GULLORY | 2 | Medical |
| 16 | 12-5-14 | | | " | K. GULLORY | 2 | Medical |
| 17 | 12-8-14 | | | " | L. Dock | 2 | BA Appt. x Clinic |
| 18 | 12-8-14 | | | " | L. Dock | 2 | FF. Military Hosp. |
| 19 | 12-8-14 | | | " | A. Nolan | 2 | Job Search |
| 20 | 12-8-14 | | | " | A. Nolan | 2 | Job Search |

Received By: HSA Representative

of tokens used

of tokens given

page of

Total tokens this page

40

Resource Centers, Family and Senior Adult Shelters Token Distribution Log

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|------------------|----------------|---|----------|---------------------------|------------------|--|-------------------------|----|
| No. | Date Requested | Print Client Name | Last SS# | Program Type | Print Staff Name | Number of Tokens Provided | Reason Tokens Requested | |
| | | <i>Next Door Shelter</i> | | | | | | |
| 1 | 12/8/14 | | | Shelter | A. Nolan | 2 | Doctor's Appt | |
| 2 | 12/8/14 | | | | A. Nolan | 1 | Job Search | |
| 3 | 12/9/14 | | | | A. Nolan | 1 | S.F. G. H. | |
| 4 | 12/9/14 | | | | A. Nolan | 2 | S.F. G. H. | |
| 5 | 12/9/14 | | | | A. Nolan | 2 | Job Search | |
| 6 | 12/9/14 | | | | A. Nolan | 1 | Appt. | |
| 7 | 12/9/14 | | | | A. Nolan | 2 | Housing Appt. | |
| 8 | 12/9/14 | | | | G. Aisake | 2 | Appt. | |
| 9 | 12-10-14 | | | | D. Slack | 2 | VA Home | |
| 10 | 12-10-14 | | | | D. Slack | 2 | EA Appt. | |
| 11 | 12-10-14 | | | | K. GULLORY | 2 | Medical (eye appt) | |
| 12 | 12-10-14 | | | | K. GULLORY | 2 | Job Search | |
| 13 | 12-10-14 | | | | K. GULLORY | 2 | Job Search | |
| 14 | 12-10-14 | | | | K. GULLORY | 2 | Medical | |
| 15 | 12-10-14 | | | | K. GULLORY | 2 | Shelter Services | |
| 16 | 12-10-14 | | | | K. GULLORY | 2 | Job Search | |
| 17 | 12-11-14 | | | | K. GULLORY | 2 | Medical | |
| 18 | 12-11-14 | | | | K. GULLORY | 2 | Medical | |
| 19 | 12-11-14 | | | | K. GULLORY | 2 | Medical | |
| 20 | 12-11-14 | | | | K. GULLORY | 2 | Medical | |
| | | | | # of tokens used | | | page | |
| | | | | # of tokens given | | | of | |
| | | | | | | | Total tokens this page | 37 |

Received By: HSA Representative

Resource Centers, Family and Senior Adult Shelters Token Distribution Log

Shelter/RC Name:

Next Door Shelter

Please indicate:
Shelter/Resource Center/Organization:
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| No. | Date Requested | Print Client Name | Last 4 SS# | Program Type | Print Staff Name | Number of Tokens Provided | Reason Tokens Requested |
|-----|----------------|-------------------|------------|--------------|------------------|---------------------------|-------------------------|
| 1 | 12-11-14 | | | Shelter | K. GULLORY | 2 | Medical |
| 2 | 12-11-14 | | | | K. GULLORY | 2 | Shelter Services |
| 3 | 12-12-14 | | | | K. GULLORY | 2 | Shelter Services |
| 4 | 12-12-14 | | | | K. GULLORY | 2 | Shelter Services |
| 5 | 12-12-14 | | | | K. GULLORY | 2 | Job Search |
| 6 | 12-12-14 | | | | K. GULLORY | 2 | Job Search |
| 7 | 12-12-14 | | | | K. GULLORY | 2 | Job Search |
| 8 | 12-12-14 | | | | K. GULLORY | 2 | Medical |
| 9 | 12-12-14 | | | | K. GULLORY | 2 | Mental Health |
| 10 | 12-12-14 | | | | L. Lock | 2 | Medical |
| 11 | 12-12-14 | | | | L. Lock | 2 | Medical |
| 12 | 12-14-14 | | | | R. Moryn | 2 | Medical |
| 13 | 12-15-14 | | | | Galana | 2 | Medical |
| 14 | 12-15-14 | | | | Calawana | 2 | Medical |
| 15 | 12-15-14 | | | | Ceranna | 2 | Medical |
| 16 | 12-15-14 | | | | Rochelle | 2 | City of S.F. |
| 17 | 12-15-14 | | | | Rochelle | 2 | Hospital |
| 18 | 12-15-14 | | | | Rochelle | 2 | Hospital |
| 19 | 12-15-14 | | | | Rochelle | 2 | Project Homeless |
| 20 | 12-15-14 | | | | Rochelle | 2 | Dr. Cupp |

Received By: HSA Representative

of tokens used
of tokens given

page of

Total tokens this page

40

Resource Centers, Family and Sing... dult Shelters Token Distribution Log

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|-------------------|----------------|---|----------|---------------------------|---|---------------------------|-------------------------|
| No. | Date Requested | Print Client Name | Last SS# | Program Type | Print Staff Name | Number of Tokens Provided | Reason Tokens Requested |
| NEXT DOOR SHELTER | | | | | | | |
| 1 | 12.15.14 | | | Shelter | Rochelle | 2 | St. Vincent Paul |
| 2 | 12.15.14 | | | | Coloumie | 2 | Hospital |
| 3 | 12.16.14 | | | | Coloumie | 2 | Medical |
| 4 | 12.16.14 | | | | Emeka | 2 | Med. appt. |
| 5 | 12.16.14 | | | | Coloumie | 2 | St. Francis |
| 6 | 12.16.14 | | | | Coloumie | 2 | S.F. G.H |
| 7 | 12.16.14 | | | | Coloumie | 2 | Job Search |
| 8 | 12.17.14 | | | | Dr. Dock | 2 | Med. appt. |
| 9 | 12.17.14 | | | | Dr. Dock | 2 | Med. appt. |
| 10 | 12.17.14 | | | | Dr. Dock | 2 | Med. appt. |
| 11 | 12.17.14 | | | | Dr. Dock | 2 | Med. appt. |
| 12 | 12.17.14 | | | | K. GULLORY | 2 | Shelter Services |
| 13 | 12.17.14 | | | | K. GULLORY | 2 | Medical |
| 14 | 12.17.14 | | | | K. GULLORY | 2 | MEDICAL |
| 15 | 12.17.14 | | | | K. GULLORY | 2 | Shelter Services |
| 16 | 12.17.14 | | | | K. GULLORY | 2 | JOB SEARCH |
| 17 | 12.17.14 | | | | K. GULLORY | 2 | Shelter Services |
| 18 | 12.17.14 | | | | K. GULLORY | 2 | Medical |
| 19 | 12.18.14 | | | | L. Dock | 2 | Medical |
| 20 | 12.18.14 | | | | K. GULLORY | 2 | Medical |

Received By: HSA Representative

of tokens used
of tokens given

page of

Total tokens this page

40

Resource Centers, Family and Sing Adult Shelters Token Distribution Log

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|------------------|--------------------------|---|---------------------------------|--|-------------------------|
| Date Requested | Print Client Name | Program Type | Print Staff Name | Number of Tokens Provided | Reason Tokens Requested |
| | <i>Next-Door Shelter</i> | | | | |
| | | <i>Shelter</i> | <i>K. GULLORY</i> | <i>2</i> | <i>Medical</i> |
| <i>12/18/14</i> | | | <i>K. GULLORY</i> | <i>2</i> | <i>Medical</i> |
| <i>12/18/14</i> | | | <i>K. GULLORY</i> | <i>2</i> | <i>Job Search</i> |
| <i>12/18/14</i> | | | <i>K. GULLORY</i> | <i>2</i> | <i>Homeless</i> |
| <i>12/18/14</i> | | | <i>K. GULLORY</i> | <i>2</i> | <i>Medical</i> |
| <i>12/18/14</i> | | | <i>K. GULLORY</i> | <i>2</i> | <i>Medical</i> |
| <i>12/18/14</i> | | | <i>K. GULLORY</i> | <i>2</i> | <i>Medical</i> |
| <i>12/18/14</i> | | | <i>K. GULLORY</i> | <i>2</i> | <i>Homeless</i> |
| <i>12/18/14</i> | | | <i>K. GULLORY</i> | <i>2</i> | <i>Job Search</i> |
| <i>12/18/14</i> | | | <i>K. GULLORY</i> | <i>2</i> | <i>SENIOR</i> |
| <i>12/19/14</i> | | | <i>Colausis</i> | <i>2</i> | <i>Medical</i> |
| <i>12/19/14</i> | | | <i>Colausis</i> | <i>2</i> | <i>Medical</i> |
| <i>12/19/14</i> | | | <i>Colausis</i> | <i>2</i> | <i>Medical</i> |
| <i>12/19/14</i> | | | <i>Colausis</i> | <i>2</i> | <i>Medical</i> |
| <i>12/19/14</i> | | | <i>Colausis</i> | <i>2</i> | <i>Medical</i> |
| <i>12/19/14</i> | | | <i>Colausis</i> | <i>2</i> | <i>Medical</i> |
| <i>12/19/14</i> | | | <i>Colausis</i> | <i>2</i> | <i>Medical</i> |
| <i>12/19/14</i> | | | <i>Colausis</i> | <i>2</i> | <i>Medical</i> |
| <i>12/19/14</i> | | | <i>Colausis</i> | <i>2</i> | <i>Medical</i> |
| <i>12/19/14</i> | | | <i>Colausis</i> | <i>2</i> | <i>Medical</i> |

Received By: HSA Representative

of tokens used
of tokens given

page ___ of ___
Total tokens this page

24

Resource Centers, Family and Sing' dult Shelters Token Distribution Log

Shelter/RC Name: Next Door Shelter

Please indicate: Shelter/Resource Center/Organization: 200

Specify type of service, ie, Case Management, Shelter, Resource Center, etc.

2 tokens = one allocation

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.

| Date Requested | Last Name | Program Type | Print Staff Name | Number of Tokens Provided | Reason Tokens Requested |
|----------------|-----------|--------------|------------------|---------------------------|-------------------------|
| 2/19/14 | | Shelter | Clawson | 2 | Medical |
| 2/21/14 | | | Missy | 2 | Medical |
| 2/22/14 | | | Clawson | 2 | Medical |
| 2/22/14 | | | Clawson | 2 | Medical |
| 2/22/14 | | | Clawson | 2 | Medical |
| 2/22/14 | | | Clawson | 2 | Medical |
| 2/22/14 | | | Clawson | 2 | Medical |
| 2/22/14 | | | Clawson | 2 | Medical |
| 2/22/14 | | | Clawson | 2 | Medical |
| 2/22/14 | | | Clawson | 2 | Medical |

of tokens used

of tokens given

page of

Total tokens this page: 20

By: HSA Representative

Monthly Family and Singult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door Shelter
415-487-3300 Ext 4211

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

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

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

| # | Date Provided to Client | Print Client Name | Last 4 SS# | Program, Type | Print Staff Name | # of Tokens Provided | Reason Tokens Requested |
|----|-------------------------|-------------------|------------|---------------|------------------|----------------------|-------------------------|
| 1 | 12/20 | | | Shelter | Rose Smush | 2 | Mental Appt |
| 2 | 12/20 | | | | Rose Smush | 2 | work |
| 3 | 12/20 | | | | Rose Smush | 2 | SFGH |
| 4 | 12/20 | | | | Rose Smush | 2 | HOUSING |
| 5 | 12/20 | | | | Rose Smush | 2 | School |
| 6 | 12/23 | | | | Rose Smush | 2 | Appt/GM |
| 7 | 12/23 | | | | Rose Smush | 2 | School |
| 8 | 12/23 | | | | Rose Smush | 2 | SFGH |
| 9 | 12/22 | | | | Rose Smush | 2 | CPS VISIT |
| 10 | 12/28 | | | | Rose Smush | 2 | SFGH |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
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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 | 20 |

Please only 20 Tokens Per Sheet. THANK YOU

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 when traveling from shelter or CHANGES location.

REFER TO MUNI TOKEN POLICY: Includes: Permanent housing apps; 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 | Print Client Name | Last 4 SS# | Program Type | Print Staff Name | # of Tokens Provided | Reason Tokens Requested |
|----|-------------------------|-------------------|------------|--------------|------------------|----------------------|-------------------------|
| 1 | 12/23 | | | Shelter | Rose Smith | 2 | Housing |
| 2 | 12/23 | | | | Rose Smith | 1 | SST |
| 3 | 12/23 | | | | Rose Smith | 2 | GAH/VK |
| 4 | 12/24 | | | | Rose Smith | 2 | work |
| 5 | 12/24 | | | | Rose Smith | 2 | Dr APPR |
| 6 | 12/24 | | | | Rose Smith | 2 | Dr. SPENA |
| 7 | 12/24 | | | | Rose Smith | 2 | Dr APPR |
| 8 | 12/24 | | | | Rose Smith | 2 | Dr APPR |
| 9 | 12/24 | | | | Rose Smith | 2 | Dr APPR |
| 10 | 12/24 | | | | Rose Smith | 2 | Dr APPR |
| 11 | | | | | Rose Smith | 2 | Housing |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
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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 | 20 |

Please only 20 Tokens Per Sheet. Thank You

Monthly Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door Shelter
415-487-3300 Ext 4211

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

Provide tokens EXCEPT when traveling 1/ from shelter or CHANGES location.

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| # | Date Provided to Client | Client Name | Last 4 SS# | Program Type | Print Staff Name | # of Tokens Provided | Reason Tokens Requested |
|----|-------------------------|-------------|------------|--------------|------------------|----------------------|-------------------------|
| 1 | 12/26 | | | Shelter | San de George | 2 | Shelter |
| 2 | 12/26 | | | | " | 2 | Shelter |
| 3 | 12/26 | | | | " | 2 | Medical |
| 4 | 12/26 | | | | " | 2 | Job Search |
| 5 | 12/26 | | | | " | 2 | Medical |
| 6 | 12/26 | | | | " | 2 | Medical |
| 7 | 12/26 | | | | " | 2 | Medical |
| 8 | 12/26 | | | | " | 2 | Shelter Services |
| 9 | 12/26 | | | | " | 2 | Medical |
| 10 | 12/26 | | | | " | 2 | Medical |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
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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 | 20 |

Please only 20 Tokens Per Sheet. Thank You!

Monthly Family and Single Adult Token Distribution Log

Please Print: Clearly Provider Name and Contact Number:
NEXT DOOR
415-487-3300 EXT 4211

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

Provide 2 reasons EXCEPT when traveling to/from shelter or CHANGES location.

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| # | Date Provided to Client | Program Type | Print Staff Name | # of Tokens Provided | Reason Tokens Requested |
|----|-------------------------|--------------|------------------|----------------------|-------------------------|
| 1 | 12/27 | Shelter | John C. | 2 | Shelter Services |
| 2 | 12/27 | | 11 | 2 | Medical |
| 3 | 12/27 | | 11 | 2 | Showering |
| 4 | 12/27 | | 11 | 2 | Medical |
| 5 | 12/27 | | 11 | 2 | Medical |
| 6 | 12/27 | | 11 | 2 | Showering |
| 7 | 12/27 | | 11 | 2 | Showering |
| 8 | 12/27 | | 11 | 2 | Medical |
| 9 | 12/27 | | 11 | 2 | Medical |
| 10 | 12/27 | | 11 | 2 | Shelter Services |
| 11 | | | 11 | 2 | Medical |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
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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!

Monthly Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door Shelter
415-487-3300 Ext 4211

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

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| # | Date Provided to Client | Program Type | Print Staff Name | # of Tokens Provided | Reason Tokens Requested |
|----|-------------------------|--------------|------------------|----------------------|-------------------------|
| 1 | 12/30 | Shelter | Rose Smith | 2 | Dr Appr |
| 2 | 12/30 | | " | 2 | SFGA |
| 3 | 12/30 | | " | 2 | Dr Appr |
| 4 | 12/30 | | " | 2 | Housing |
| 5 | 12/30 | | " | 2 | work |
| 6 | 12/30 | | " | 2 | SFGA |
| 7 | 12/30 | | " | 2 | Housing |
| 8 | 12/31 | | " | 2 | Job Search |
| 9 | 12/31 | | " | 2 | Mental |
| 10 | 12/31 | | " | 2 | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
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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 | 20 |

Please only 20 Tokens Per Sheet. Thank You!