

Monthly Family and Single Adult Token Distribution Log

Clearly Provider Name and Contact Number:

Next Door

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 in 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
1	6/4/14
2	6/4/14
3	6/4/14
4	6/4
5	6/4
6	6/4
7	6/5
8	6/5
9	6/5
10	6/5
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
Shelter	Rose	2	Job Search
	Rose	2	work
	Rose	2	SGM
	Rose	2	Job Search
	Rose	2	SGM GA
	Rose	2	work
	Rose	2	Job Search/Know
	Rose	2	Job Search
	Rose	2	Housing
	Rose	2	work

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

Monthly Token Distribution Date/Total Received	
Monthly Token Distribution Date Finished	
Month Number of days without tokens	20

Please show monthly total for this page here

# Monthly Family and Singl dult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

*Next Door*

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	6/6/14				Missy Mason	2	Appt
2	6/6/14				Missy Mason	2	Appt
3	6/6/14				Missy Mason	2	Appt
4	6/6/14				Shantel McLendon	2	Appt
5	6/6/14				Missy Mayo	2	Appt
6	6/6/14				Missy Mason	2	work
7	6/6/14				Missy Mason	2	Appt
8	6/6/14				Missy Mason	2	Appt
9	6/6/14				Missy Mason	2	Appt
10	6/6/14				Shantel McLendon	2	Appt
11	6/6/14				Shantel	2	Appt
12	6/26/14				Emeka Menek	2	work
13	6/26/14				Emeka Menek	2	Appt
14	6/26/14				Emeka Menek	2	School
15							
16							
17							
18							
19							
20							

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

Please use only 20 Tokens Per Sheet. THANK YOU

Monthly Family and Singlult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:  
Next Door

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 in 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	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	6/1/9			Shelter	Rose Smith	1	Housing
2	6/1/9				Rose Smith	1	Start working for work
3	6/1/9				Rose Smith	1	work
4	6/1/9				Rose Smith	2	Housing
5	6/1/9				Rose Smith	2	FFGVA
6	6/1/9				Rose Smith	2	Housing
7	6/1/9				Rose Smith	2	Job Search
8	6/1/9				Rose Smith	2	Group
9	6/1/9				Rose Smith	2	Housing
10	6/1/9				Rose Smith	2	work
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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 show monthly total for this page here

# Monthly Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:  
**Mexx Door**

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.

REFER TO MUNI TOKEN POLICY an 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	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	6/10/14		shelter	Rose Smida	2	work
2	6/10/14			Rose Smida	2	DMV
3	6/10/14			Rose Smida	2	DR appointment
4	6/10/14			Rose Smida	2	Housing
5	6/10/14			Rose Smida	2	meals
6	6/10/14			Rose Smida	2	Housing
7	6/10/14			Rose Smida	2	SSG 14
8	6/10/14			Rose Smida	2	Housing
9	6/11/14			Rose Smida	2	SSG interview
10	6/11/14			Rose Smida	2	SSG 14
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

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

muni 70 Tokens Per Sheet. THANK YOU

**Monthly Family and Individual Token Distribution Log**

Please Print Clearly Provider Name and Contact Number:

Next Door

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

Please indicate: Program Type when traveling /from shelter or CHANGES location.

REFER TO MUNI TOKEN POLICY on US. 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	6/11			Shelter	Rose S	2	Work
2	6/15				Rose S	2	Work
3	6/11				Rose S	2	Job Search
4	6/11				Rose S	2	HOUSING
5	6/11				Rose S	2	SGM
6	6/11				Rose S	2	SGM
7	6/12				Rose S	2	Work
8	6/17				Rose S	2	Work
9	6/17				Rose S	2	HOUSING
10	6/17				Rose S	2	SGM
11					Rose S	2	Looking for Job
12							
13							
14							
15							
16							
17							
18							
19							
20							

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	Please show monthly total for this page here
Monthly Token Distribution Date Finished	20
Month Number of days without tokens	

Please Only 20 Tokens Per Sheet. THANK YOU

Monthly Family and Individual 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.

Please indicate: when traveling 1/ 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	6/13/14			Shelter	Missy Mason	2	Appt
2	6/13/14			Shelter	Mumy Mason	2	Appt
3	6/13/14			Shelter	Mumy Mason	2	Appt
4	6/13/14			Shelter	Missy Mason	2	Appt
5	6/13/14			Shelter	Mary Mason	2	Appt
6	6/13/14			Shelter	Missy Mason	2	Appt
7	6/13/14				BT	2	School
8	6/13/14				Roseann	2	work
9	6/14				Roseann	2	VA
10	6/14				<del>Roseann</del>	<del>2</del>	<del>VA</del>
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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 use only 20 Tokens Per Sheet. THANK YOU

Monthly Family and Individual Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

NEXT BEST

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

Please indicate: Please indicate when traveling I/from shelter or CHANGES location.

REFER TO MUNI TOKEN 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	6/16		2222	Shelter	Alexander	2	SFGH
2	6/16				Rose S	2	SFGH
3	6/16				John C	2	looking for work
4	6/16				John C	2	V.A. hosp
5	6/16				John C	2	WORK
6	6/16				Rose S	2	SFGH
7	6/16				Rose S	2	looking for work
8	6/17				Rose S	2	WORK
9	6/17				Rose S	2	SFGH
10	6/17				Rose S	2	SFGH
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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

Please show monthly total for this page here

20

Monthly Token Distribution Date/Total Received

Monthly Token Distribution Date Finished

Month Number of days without tokens

Please use ONLY 20 Tokens Per Sheet. THANK YOU

Monthly Family and gl du token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door

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.

REFER TO MUNI TOKEN POLICY. This 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	6/17			Shelter	Rosen	2	Housing
2	6/17				Rosen	2	VIA APPT
3	6/17				Rosen	2	Dr APPT
4	6/18-19			VA Clinic	Rosen	2	Dis appt.
5	6/18				Rosen	2	Housing
6	6/18				Rosen	2	STG/VA
7	6/18				Rosen	2	Job Search
8	6/18				Rosen	2	GA/STG/VA
9	6/19				Rose Simo	2	work
10	6/19				Rose Simo	2	Housing
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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	
	26

Please only 20 Tokens Per Sheet. THANK YOU



# Monthly Family and Individual Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Shelley Doox

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

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

REFER TO MUNI TOKEN CY. 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	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	6/18	11	21	Shelter	Shelley Doox	2	SFGMA
2	6/18				Shelley Doox	2	VA PPRT
3	6/18				Shelley Doox	2	Job Search
4	6/18				Shelley Doox	2	SFGMA
5	6/18				Shelley Doox	2	HOUSING
6	6/18				Shelley Doox	2	School
7	6/18				Shelley Doox	2	DR PPRT
8	6/18				Shelley Doox	2	SFGMA
9	6/18				Shelley Doox	2	PPRT
10	6/18				Shelley Doox	2	PPRT
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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	20
Month Number of days without tokens	

Please show monthly total for this page here

Monthly Family and Individual Token Distribution Log

Please Print: Clearly Provider Name and Contact Number:

Shelter/NEA Dept

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

Please indicate: Tokens EXCEPT when traveling I/from shelter or CHANGES location.

REFER TO MUNI TOKEN CY, 2018. 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	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	6/23/14			Shelter	John C.	2	
2	6/23				GT	2	Appointment
3	6/23				GT	1	Appointment
4	6/23				GT	1	Hospital
5	6/23				GT	1	Appointment
6	6/23				GT	1	Housing
7	6/23				GT	2	APP
8	6/23				GT	1	APP
9	6/23				GT	1	APP
10	6/23				GT	1	APP
11	6/23				GT	1	VA appt
12	6/23				GT	2	VA appt
13	6/23				GT	2	VA appt
14	6/23				GT	1	School
15	6/23				GT	1	work
16	6/23				GT	1	APP
17							
18							
19							
20							

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 use only 20 Tokens Per Sheet. THANK YOU

Monthly Family and Individual Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Doc

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

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

REFER TO MUNI TOKEN POLICY, which includes: Permanent housing appts; medical appointments; substance abuse treatment; job search/interviews; mental health; shelter services and seniors. Travel limited to area 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	6/24	Shelter	Rose Smith	2	VIA APPR
2	6/24		Rose Smith	2	COMMON WORK
3	6/24		Rose Smith	2	DR-APT
4	6/24		Rose Smith	2	COURT
5	6/24		Rose Smith	2	VIA APPR
6	6/24		Rose Smith	2	DR-APT
7	6/25		Rose Smith	2	APT
8	6/25		Rose Smith	2	APT
9	6/25		Rose Smith	2	HOUSING
10	6/25		Rose Smith	2	APT
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

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 show monthly total for this page here

Please indicate the date token distribution received and the date token distribution was finished. Monthly Token Distribution Sheet

Monthly Family and Individual Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door

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

REFER TO MUNI TOKEN CY, 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	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	6/25		Shelter	Rose S	1	Dr Prep
2	6/25			Rose S	1	Dr Prep
3	6/25			Rose S	2	Dr Prep
4	6/25			Rose S	1	Sob Intwked
5	6/25			Rose S	1	Housing
6	6/28			Rose S	1	Dr Prep
7	6/26			Rose S	1	CAPP GA
8	6/26			Rose S	2	Dr Prep
9	6/26			Rose S	2	165 CBAP
10	6/26			Rose S	1	Dr Prep
11	6/26			Rose S	1	Dis app
12						
13						
14						
15						
16						
17						
18						
19						
20						

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 show monthly total for this page here

Please only 20 Tokens Per Sheet. THANK YOU

**Monthly Family and Adult Token Distribution Log**

REFER TO MUNI TOKEN BY: 20 ONLY  
 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.

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

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

Please Print Client Name

Last 4 SS#

Program Type

Print Staff Name

# of Tokens Provided

Reason Tokens Requested

#	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	6/27/14			Shelter	Missy maron	2	Dental Appt
2	6/27/14				Missy mc808	2	Appt
3	6/27/14				missy maron	2	Appt
4	6/27/14				Missy mc808	2	Appt
5	6/27/14				Missy maron	2	Appt
6	6/27/14				Missy mc808	2	Appt
7	6/27/14				Missy mc808	2	Appt
8	6/27/14				Missy mc808	2	Appt
9	6/27/14				Missy mc808	2	Appt
10	6/27/14				Missy mc808	2	Appt
11	6/27/14				Missy mc808	2	Appt
12							
13							
14							
15							
16							
17							
18							
19							
20							

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 Print Provider Name and Contact Number:  
Next Doors

Please use only 20 Tokens Per Sheet. THANK YOU

Monthly Token Distribution Sheet

Monthly Family and Individual 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 tokens EXCEPT when traveling 1/ 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	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	4/30	Shelter	Boe S	2	195 cal
2	4/30		Boe S	2	Hospital
3	6/30		Boe S	2	Hospital
4	6/30		Boe S	2	STAR
5	6/30		Boe S	2	Hospital
6	6/30		Boe S	2	DR APPT
7	6/30		Boe S	2	Hospital
8	7/1		Boe S	2	DR APPT
9	7/1		Boe S	2	DR APPT
10	7/1		Boe S	2	Hospital
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

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 show monthly total for this page here

Please only 20 Tokens Per Sheet. THANK YOU

Monthly Family and Shelter Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

*Debra Dool*

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

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

REFER TO MUNI TOKEN POLICY includes: Permanent housing appls; 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	7/1			Shelter	Rose Smith	2	BOO OFFICE
2	7/1				Rose Smith	2	Looking for work
3	7/1				Rose Smith	2	Looking for work
4	7/2				Rose Smith	2	Work Training
5	7/2				Rose Smith	2	BOO OFFICE
6	7/2				Rose Smith	2	DR BRPO
7	7/2				Rose Smith	2	SEGT
8	7/2				Rose Smith	2	Housing
9	7/2				Rose Smith	2	Looking for work
10	7/2				Rose Smith	2	Housing
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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 Individual Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door

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

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

REFER TO MUNI TOKEN . . . I.C.Y. . . . en us includes: Permanent housing appls; 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	7/13	Shelter	Roseanne	2	APPTS
2	7/13		Roseanne	2	Dr Direct
3	7/13		Roseanne	2	School
4	7/13		Roseanne	2	HOUSING
5	7/17		Roseanne	2	Dr for Pto
6	7/17		Roseanne	2	VIA PRPO
7	7/18		Roseanne	2	JOB Search
8	7/18		Roseanne	2	HOUSING
9	7/18		Roseanne	2	PRDO
10	7/19		Roseanne	2	Housing
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

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 show monthly total for this page here



Monthly Family and Individual Token Distribution Log

Please Clearly Provider Name and Contact Number:

Next Door

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

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

REFER TO MUNI TOKEN CY. 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	Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	7/8			Shelter	Agnes	2	Housing
2	7/8				Rose	2	Shelter
3	7/8				Rose	2	1680 APPE GA
4	7/8				Agnes	2	GA/SHelter
5	7/8				Rose	2	Pub
6	7/8				Rose	2	SHelter
7	7/8				Rose	2	Dr. Refro
8	7/8				Agnes	2	Hospital
9	7/8				Rose	2	DR APPE
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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	20
Month Number of days without tokens	

Please show monthly total for this page here

PLEASE ONLY 20 Tokens Per Sheet. THANK YOU

Monthly Family and Individual Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door

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

Provide tokens EXCEPT when traveling from shelter or CHANGES location.

REFER TO MUNI TOKEN POLICY. Includes: Permanent housing appls; 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	7/19			Shelter	Alicia	2	Dr. Upper
2	7/19				Alicia	2	Housing
3	7/19				Alicia	2	School
4	7/19				Alicia	2	Room/Apts
5	7/19				Alicia	2	Housing
6	7/19				Alex	2	SFGA
7	7/19				Alex	2	Housing
8	7/19				Alex	2	SFGA
9	7/19				Alex	2	Housing
10	7/10				Alex	2	SFGA
11							Emergency for work
12							
13							
14							
15							
16							
17							
18							
19							
20							

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	10
Month Number of days without tokens	

Please show monthly total for this page here

Please Only 20 Tokens Per Sheet. THANK YOU

# Monthly Family and Individual Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door

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

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

REFER TO MUNI TOKEN SHEET 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	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	7/10		Shelter	Rose Smith	2	DMM
2	7/10			Rose Smith	2	STENT
3	7/10			Rose Smith	2	STENT
4	7/10			Rose Smith	2	STENT
5	7/10			Rose Smith	2	STENT
6	7/10			Rose Smith	2	STENT
7	7/10			Rose Smith	2	STENT
8	7/10			Rose Smith	2	STENT
9	7/12			Rose Smith	2	STENT
10	7/12			Rose Smith	2	STENT
11				Rose Smith	2	STENT
12				Rose Smith	2	STENT
13				Rose Smith	2	STENT
14				Rose Smith	2	STENT
15				Rose Smith	2	STENT
16				Rose Smith	2	STENT
17				Rose Smith	2	STENT
18				Rose Smith	2	STENT
19				Rose Smith	2	STENT
20				Rose Smith	2	STENT

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

DC Monthly Family and Shelter Token Distribution Log

Please Print Clearly Provider Name and Contact Number:  
Next Door

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

Provide when traveling from shelter or CHANGES location.

REFER TO MUNI TOKEN 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	7/14			Shelter	Rose Smith	2	DRAPER
2	7/14				Rose Smith	2	Tarp
3	7/14				Rose Smith	2	books for work
4	7/14				Rose Smith	2	Houshey
5	7/14				Rose Smith	2	SEGA
6	7/14				Rose Smith	2	Leaking Sewer
7	7/15				Rose Smith	2	Leaking Sewer
8	7/15				Rose Smith	2	DRAPER
9	7/15				Rose Smith	2	Houshey
10	7/15				Rose Smith	2	GIA/165
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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	20
Monthly Token Distribution Date Finished	
Month Number of days without tokens	

Please show monthly total for this page here

Please only 20 Tokens Per Sheet. THANK YOU

Monthly Family and Client Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door

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

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

REFER TO MUNI TOKEN POLICY. This page 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	7/15			Shelter	Rose Smith	2	Dr Appt
2	7/16				DANIELLE JOHNSON	2	Dr Appt
3	7/16				Rose Smith	2	Appt
4	7/14				Rose Smith	2	Appt
5	7/16				Rose Smith	2	Therapy
6	7/17				Rose Smith	2	Housing
7	7/17				Rose Smith	2	Look for work
8	7/17				Rose Smith	2	Housing
9	7/17				Rose Smith	2	Looking for work
10	7/17				Rose Smith	2	Housing
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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 show monthly total for this page here

Please use ONLY 20 Tokens Per Sheet. THANK YOU

Monthly Family and Individual Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Step

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

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

REFER TO MUNI TOKEN CY, then us. 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	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	7/18	Shelter	Rose S.	2	RF GNA
2	7/18		Rose S.	2	Housing
3	7/18		Rose S.	2	Job Search
4	7/18		Rose S.	2	Housing
5	7/18		Rose S.	2	Housing
6	7/18		Rose S.	2	VA Appx
7	7/18		Rose S.	2	Housing
8	7/18		Rose S.	2	Appx
9	7/18		Rose S.	2	1st app
10	7/18		Rose S.	2	Appx
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Distribution received and the date token distribution was finished. 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 use only 20 Tokens Per Sheet. THANK YOU

# Monthly Family and Individual Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

NEXT DOOR

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

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

REFER TO MUNI TOKEN # ICY. en us. 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	#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	7-21-16			Shelter	Jonathan L Smith II	1	Appointment / Doctor
2					Jonathan L Smith II	1	Appointment / Doctor
3					Jonathan L Smith II	1	Appointment / Doctor
4					Jonathan L Smith II	1	Appointment / Doctor
5					Jonathan L Smith II	1	Appointment / Doctor
6					Jonathan L Smith II	1	Appointment / Doctor
7					Jonathan L Smith II	1	Appointment / Doctor
8					Jonathan L Smith II	1	Appointment / Doctor
9					Jonathan L Smith II	1	Appointment / Doctor
10					Jonathan L Smith II	1	Appointment / Doctor
11					Jonathan L Smith II	1	Appointment / Doctor
12					Jonathan L Smith II	1	Appointment / Doctor
13					Jonathan L Smith II	1	Appointment / Doctor
14					Jonathan L Smith II	1	Appointment / Doctor
15					Jonathan L Smith II	1	Appointment / Doctor
16					Jonathan L Smith II	1	Appointment / Doctor
17					Jonathan L Smith II	1	Appointment / Doctor
18					Jonathan L Smith II	1	Appointment / Doctor
19					Jonathan L Smith II	1	Appointment / Doctor
20					Jonathan L Smith II	1	Appointment / Doctor

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

Monthly Token Distribution Date Finished: \_\_\_\_\_  
 Monthly Token Distribution Date Finished: \_\_\_\_\_  
 Monthly Number of days without tokens: \_\_\_\_\_

Please show monthly total for this page here: **20**

Please use ONLY 20 Tokens Per Sheet. THANK YOU

Monthly Family and Singult Token Distribution Log

Please Print Early Provider Name and Contact Number:  
 Next Door Shelter

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

Provide when traveling 1/ from shelter or CHANGES location.

EXCEPT

REFER TO MUNI TOKEN POLICY. In usage includes: Permanent housing 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.

ONLY 20 Tokens Per Sheet Thank you

#	Date Provided to Client	Print Client Name	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	7/23		shelter	Rose S	2	DMARPT
2	7/23			Rose S	2	Job Search
3	7/23			Rose S	2	DMARPT
4	7/22			Rose S	2	MSC - 1st floor
5	7/23			Rose S	2	DMARPT
6	7/23			Rose S	2	DMARPT
7	7/23			Rose S	2	DMARPT
8	7/23			Rose S	2	DMARPT
9	7/22			Rose S	2	DMARPT
10	7/22			Rose S	2	DMARPT
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

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 Individual Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

NEXT DOOR

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.

REFER TO MUNI TOKEN, JCY, etc. Includes: Permanent housing appls; 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	Inst #	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	7/24			Shelter	Rose S	2	DR APPT EDD
2	7/24				Rose S	2	SFCENT
3	7/24				John S	2	V.A.
4	7/24				John S	2	V.A.
5	7/24				Rose S	2	Housing
6	7/24				Rose S	2	V.A.
7	7/24				Rose S	2	UP APPT
8	7/24				Rose S	2	NO APPT/ EDD
9	7/25				Rose S	2	Looking for work
10	7/25				Rose S	2	SFCENT
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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 show monthly total for this page here

Please only 20 Tokens Per Sheet. THANK YOU

Monthly Family and Client Token Distribution Log

Please Print... Clearly Provider Name and Contact Number:

NEXT DOOR

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

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

REFER TO MUNI TOKEN POLICY. Use usage includes: Permanent housing appls; 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	7/28			Shelter	ROSE S	2	Job Search
2	7/28				ROSE S	2	SEARCH
3	7/28				ROSE SN	2	Job Search
4	7/28				ROSE S	2	SEARCH
5	7/28				ROSE S	2	VA APPL
6	7/28				ROSE S	2	HOUSING
7	7/28				ROSE S	2	HOUSING
8	7/28				ROSE S	2	VA APPL
9	7.29				SAFADA W	2	HOSPITAL
10	7.29				SAFADA W	2	V.A.
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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	Please show monthly total for this page here
Monthly Token Distribution Date Finished	
Month Number of days without tokens	

20

Please only 20 Tokens Per Sheet. THANK YOU

Monthly Family and Individual Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door

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

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

REFER TO MUNI TOKEN POLICY. This 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	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	7/28			Shelter	Rose S	2	VIA APPR
2	7/28				Rose S	2	Therapy
3	7/28				Rose S	2	Housing
4	7/28				Rose S	2	Housing
5	7/28				Rose S	2	SSGNA
6	7/28				Rose S	2	SSGNA
7	7/28				Rose	2	DMV
8	7/30				Rose S	2	Dr PRER
9	7/30				Rose	2	App.
10	7/30				Rose	2	SCHOOL
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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 Individual Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

NEXT DOOR

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.

REFER TO MUNI TOKEN POLICY. Includes: Permanent housing apply; 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	7/30			Shelters	Rose	2	work
2	7/30				Rose S	2	Keepney
3	7/30				Rose	2	SGENT
4	7/30				Rose	2	APP
5	7/30				Rose	2	VIA APP
6	7/30				Rose	2	Appointment
7	7/30				Rose	2	APP
8	7/30				Rose S	2	Housekey
9	7/30				Rose B	2	SGENT
10	7/30				Rose S	2	DR REPT
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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	20
Monthly Token Distribution Date Finished	
Month Number of days without tokens	

Please only 20 Tokens Per Sheet. THANK YOU

# Monthly Family and Individual Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door

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.

REFER TO MUNI TOKEN POLICY. This 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	7/31			Shelter	Rose	2	Appointment
2	7/31				Rose	2	App.
3	7/31				Rose	2	App.
4	7/31				Rose	2	App.
5	7/31				Rose	2	Dr. VAPA
6	7/31				Rose	2	Job Search
7	7/31				Rose	2	SEANT
8	7/31				Rose	2	DRAPT/GIA
9	7/31				Rose	2	Housing
10	7/31				Rose	2	VAPA
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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 Individual Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

NEXT Door

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.

REFER TO MUNI TOKEN . . . . . includes: Permanent housing appls; 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	8-1-14	Shelter	Jotasha Heidelb	2	HOSPITAL
2	8-1-14	Shelter	Missy Magon	2	HOSPITAL
3		Shelter	Jotasha H	2	WORK
4	8-1-14	Shelter	Jotasha H	2	SCHOOL
5	8-1-14	Shelter	Missy Magon	2	HOSPITAL
6	8-1-14	Shelter	Missy Magon	2	HOSPITAL
7	8-3-14	Shelter	Yeeesh Chale	2	Housing
8	8-4-14	Shelter	Rose S	2	SGHS
9	8-4-14	S	Rose S	2	Housing
10	8/4/14	S	Rose S	2	SGHS
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

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 Individual Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

*Debra Neta 2008*

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

Provide tokens EXCEPT when traveling from shelter or CHANGES location.

REFER TO MUNI TOKEN POLICY. Each usage includes: Permanent housing apps; medical appointments; substance abuse treatment; job search/interviews; mental health, shelter services and seniors. Travel limited to area 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	8-4-14		1207	Shelter	John C	2	Wet cap
2	8-5-14				Roses	2	Job Search
3	8-5-14				Roses	2	VA Transport
4	8-6-14				Roses	2	Job Search
5	8-6-14				Roses	2	Housing
6	8-6-14				Roses	2	SFBAT
7	8-6-14				KIM G	2	SFBAT
8	8-6-14				Roses	2	APPR
9	8-6-14				Roses	2	VA APPR
10	8-6-14				Roses	2	DR APPR
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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 use ONLY 20 Tokens Per Sheet. THANK YOU

# Monthly Family and Individual Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

*Next Door*

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

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

REFER TO MUNI TOKEN .CITY. USE includes: Permanent housing apps; merit; 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	8-7-11			Shelter	Rose S	2	Housing
2	8-7-11				Rose S	2	Looking for work
3	8-7-11				Rose S	2	Housing
4	8-7-11				Rose S	2	GROUP
5	8-7-11				Rose S	2	Looking for work
6	8-7-11				Rose S	2	Housing
7	8-7-11				Rose S	2	SKENT
8	8-7-11				Rose S	2	SGEN
9	8-10-11				Yogesh	1	S.F.
10	8-10-11				Yogesh	2	Permanent housing
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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 Individual 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 tokens EXCEPT when traveling I/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#	Shelter Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	8-11-14			GA CHAS	Joshua H	2	GA App School
2					John C	2	
3					Audrey	2	S.F.R. G.A
4					John C	2	Working for work
5					John C	2	V-A
6					ET	2	App
7					ET	2	School
8					Rose S	2	Job Search
9					Rose S	2	Housing
10					Rose S	2	V.A. APP
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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 show monthly total for this page here

Monthly Family and Client Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door

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

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

REFER TO MUNI TOKEN POLICY, which includes: Permanent housing of pts; medical appointments; substance abuse treatment; job search/interviews; mental health; shelter services and seniors. Travel limited to area 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	8/13			Shelter	Rose Smith	2	VIA PART
2	8/13				Rose S	2	Job Search
3	8/13				Rose S	2	School
4	8/13				Rose S	2	FOOD
5	8/13				Rose S	2	BRASSIERE
6	8/13				Rose S	2	SKIRT
7	8/13				Rose S	2	HOODIE
8	8/13				Rose S	2	SKIRT
9	8/14				Rose S	2	HOODIE
10	8/14				Rose S	2	DR VEST
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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

Please show monthly total for this page here

20

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

Please only 20 Tokens Per Sheet. THANK YOU

Monthly Family and Individual Token Distribution Log

Please Print: Clearly Provider Name and Contact Number:

NEXT DOOR

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 .JCY .ENUS. 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	8/14			Shelter	ROSE D	2	looking for work
2	8/14				ROSE S	2	STAY
3	8/14				ROSE S	2	School
4	8/14				ROSE S	2	HOUSING
5	8/14				ROSE S	2	SFGH
6	8/14				ROSE S	2	CPS VISIT
7	8/14				ROSE S	2	HOUSING
8	8/14				ROSE S	2	School
9	8/14				ARTHUR	2	SFGH
10	8/14				ROSE	2	VA APPT
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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 show monthly total for this page here

Please use ONLY 20 Tokens Per Sheet. THANK YOU

Monthly Family and Sir Tokens Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door Shelter

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

Tokens EXCEPT when traveling 1/ from shelter or CHANGES location.

REFER TO MUNI TOKEN includes: Permanent appointments; substantial 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.

ONLY 20 Tokens Per Sheet Thank you

#	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	8/15			Shelter	Rose S	2	Job Search
2	8/15				Rose S	2	Appt
3	8/15				Rose S	2	Appt
4	8/15				Rose S	2	General
5	8/15				Rose S	2	Dr. Appt
6	8/15				Rose S	2	Dr. Appt
7	8/15				Rose S	2	V.A Hospital
8	8/15				Rose S	2	Doctor Appt
9	8/18				Glancia	2	Job Search
10	8/18				Rose S	2	Job Search
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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 Shelter Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door Shelter

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

Provide Tokens EXCEPT when traveling I/from shelter or CHANGES location.

REFER TO MUNI TOKEN POLICY. Token usage includes: Permanent housing appls; 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	8/18	ma	8-12-1	Shelter	Rose S	2	Drugs
2	8/18				Rose S	2	Housing
3	8/18				Rose S	2	School
4	8/18				Rose S	2	VA PPH
5	8/18				Rose S	2	Housing
6	8/18				Rose S	2	School
7	8/18				Rose S	2	APT/School
8	8/18				Rose S	2	School
9	8/18				Rose S	2	Housing
10	8/18				Rose S	2	School
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

ONLY 20 Tokens Per Sheet Thank you

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

Please show monthly total for this page here

20

Please only 20 Tokens Per Sheet. THANK YOU

Monthly Family and Shelter Tokens Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door Shelter

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

Provide Tokens EXCEPT when traveling t/from shelter or CHANGES location.

REFER TO MUNI TOKEN POLICY includes: Permanent housing app, 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	8/19	Shelter	Nakia Anderson	2	Appt. Hospital
2	8/19		Nakia Anderson	2	Appt. Giff
3	8/19		Rose S.	2	Housing
4	8/19		Rose S.	2	School
5	8/19		Rose S.	2	VIAPRA
6	8/19		Rose S.	2	School
7	8/19		Rose S.	2	Appt.
8	8/19		Rose S.	2	Housing
9	8/19		Rose S.	2	SOO Search
10	8/19		Rose S.	2	Housing
11	8/19		Glaura	1	Housing
12					
13					
14					
15					
16					
17					
18					
19					
20					

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

Please show monthly total for this page here

21

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

Please Only 20 Tokens per Sheet. Thank You!

Monthly Family and Sin. token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door Shelter

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

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

REFER TO MUNI TOKEN POLICY when 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	8/20/14			Shelter	ET	2	Housing
2	8/20/14				ET	2	Hospital
3	8/20				Roses	2	Apps
4	8/20				Roses	2	School
5	8/20				Roses	2	Housing
6	8/20				Roses	2	Job Search
7	8/20				Roses	2	School
8	8/20				Roses	2	app
9	8/20				Roses	2	
10	8/20				Roses	2	school
11	8/20				Roses	2	app
12	8/20				Roses	2	app
13							
14							
15							
16							
17							
18							
19							
20							

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 show monthly total for this page here

Please ONLY 20 Tokens' per Sheet. THANK YOU

Monthly Family and Sing Tokens Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door Shelter

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.

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/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	8/21			Shelter	Rose	2	Dr PRP
2	8/21				Rose S	2	PRP
3	8/21				Rose S	2	Housing
4	8/21				ARTHUR M	2	HOSPITAL
5	8/22				Missy Mason	2	HOSPITAL
6	8/22				Missy Mason	2	School
7	8/22				Missy Mason	2	Hospital
8	8/22				Missy Mason	2	School
9	8/22				Missy Mason	2	Hospital
10	8/22				Missy Mason	2	School
11	8/22				Missy Mason	2	Hospital
12	8/22				Missy Mason	2	School
13	8/22				Missy Mason	2	Hospital
14	8/22				Missy Mason	2	School
15	8/22				Missy Mason	2	Hospital
16	8/22				Missy Mason	2	School
17	8/22				Missy Mason	2	Hospital
18	8/22				Missy Mason	2	School
19	8/22				Missy Mason	2	Hospital
20	8/22				Missy Mason	2	School

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	20
Month Number of days without tokens	

Please Only 20 Tokens per Sheet. THANK YOU



Monthly Family and Single Tokens Distribution Log

Please Print Clearly Provider Name and Contact Number.

Next Door Shelter

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

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

REFER TO MUNI TOKEN POLICY for 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/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	8/25			Shelter	Rose S	2	SR & BA
2	8/25				Rose S	2	Job Search
3	8/25				Rose S	2	PRPT
4	8/25				Rose S	2	Housing
5	8/25				Rose S	2	SR & BA
6	8/25				Rose S	2	Dr PRPT
7	8/25				Rose	2	Housing
8	8/25				Arthur	2	Hospital
9	8/25				Rose S	2	Housing
10	8/25				Rose S	2	VA PRPT
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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 Sing' .ult .en Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door Shelter

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

Provide services EXCEPT when traveling /from shelter or CHANGES location.

REFER TO MUNI TOKEN POLIC... en 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	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	8/27/14			Shelter	Glenn	2	Social Security Court for housing appts.
2	8/27/14			Shelter	Glenn	2	Hospital appt.
3	8/27/14				Rose S	2	School
4	8/27/14				Rose S	2	Housing
5	8/27/14				Rose S	2	School
6	8/27/14			Shelter	Glenn	2	Appt: dental
7	8/27/14				Rose S	2	School
8	8/27/14				Rose S	2	Housing
9	9/27/14				Rose S	2	School
10	9/27/14				Glenn	1	moving to mscg
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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 Sings Tokens Distribution Log

Please Print Clearly Provider Name and Contact Number.

Next Door Shelter

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

Provide tokens EXCEPT when travelling from shelter or CHANGES location.

REFER TO MUNI TOKEN POLICY. Token usage includes: Permanent housing appls; 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	8/28			Shelter	Rose	1	Appt
2	8/28				ROSES	2	SGH
3	8/28				Roses	2	Appt
4	8/28				Roses	1	Appt
5	8/28				ROSES	2	Appt
6	8/28				ROSES	2	SGH
7	8/28				ROSES	2	School
8	8/28				ROSES	2	School
9	8/29				ROSES	2	HOUSING
10	8/29				ROSES	2	Appt
11	8/29				KT	2	School

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

22

Please only 20 Tokens per Sheet

Monthly Family and Single Tokens Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door Shelter

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.

REFER TO MUNI TOKEN POLICY when 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	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	8/29			Shelter	Rose S	2	Job Search
2	8/29				Rose S	2	Housing
3	8/29				Rose S	2	Housing
4	8/29				Rose S	2	Housing
5	8/29				Rose S	2	Housing
6	8/31				Judith	2	SF Gilt
7	8/31				Judith	1	VA Hosp.
8	9/1/14				Arthur	2	Hospital
9	9/2/14				Rose	2	SF Gilt
10	9/2/14				Rose	2	Housing
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

ONLY 20 Tokens Per Sheet Thank you

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 show monthly total for this page here

20

Please ONLY 20 Tokens Per Sheet. Thank you

*[Signature]*

Monthly Family and Shelter Tokens Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door Shelter


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


Provide Tokens EXCEPT when traveling I/from shelter or CHANGES location.

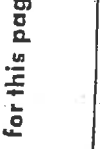
REFER TO MUNI TOKEN POLIC... usage includes: Permanent housing appts; medical appointments; substance abuse treatment; job search/interviews; mental health, shelter services and seniors. Travel limited to and from Bayview/Hunters Point, Mission District and Interfaith shelter locations. PLEASE SPECIFY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

#	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	9/3/14			Shelter	Rose S	2	Job Search
2	9/3/14				Rose S	2	Hourly/School
3	9/3/14				Rose S	2	DR APPT
4	9/3/14				Rose S	2	GA/165 CAPP
5	9/3/14				Rose S	2	HOUSING
6	9/3/14				Rose S	2	VA
7	9/3/14				Rose S	2	APPT
8	9/4/14				Rose S	2	SEARCH
9	9/4/14				Rose S	2	General Hospital
10	9/4/14				Rose S	2	SEARCH
11	9/4/14				Alumina	2	Medical
12							
13							
14							
15							
16							
17							
18							
19							
20							

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: 

22  
11/11

Please only 20 Tokens Per Sheet. THANK YOU

Monthly Family and Sin... Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door Shelter

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

Provide Tokens EXCEPT when traveling /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	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	9/5/14		SHelter	David Henderson	1	Appointment
2	9/5/14		SHelter	Ecken	2	App
3	9/5/14		SHelter	Selen	2	Medical
4	9/5/14			Kym G.	2	Medical
5	9/5/14			Kym G.	2	Job Search
6	9/5/14			Kym G.	2	Medical
7	9/5/14			Kym G.	2	Medical
8	9/5/14			Rose S	2	SGANT
9	9/5/14			Rose D	2	VIS APPR
10	9/5/14			Rose S	2	Hourly

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: 

19  
10/31/11

Please Only 20 Tokens Per Sheet. THANK YOU

Monthly Family and Sing Tokens Distribution Log

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/Hunters Point, Mission District and Interfaith shelter locations. PLEASE SPECIFY USAGE.

ONLY  
Tokens Per Sheet  
Thank you

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

Please Print Clearly Provider Name and Contact Number:  
Next Door Shelter

#	Date Provided to Client	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	9/9/14		Shelter	David Henderson	1	Appointment
2	9/9/14			Rose S	2	VA Paper
3	9/9/14			Rose S	2	VA Paper
4	9/9/14			Rose S	2	Housing
5	9/9/14			Rose S	2	Look for work
6	9/9/14			Rose S	2	SRAT
7	9/9/14			Rose S	2	Housing
8	9/9/14			Rose S	2	SRAT
9	9/9/14			Rose S	2	Housing
10	9/10			Rose S	2	SRAT
11	9/10			Rose S	2	Housing

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~~ 20  
 9/11

Please Only 20 Tokens Per Sheet. THANK YOU

Monthly Family and Single Person Token Distribution Log

REFER TO MUNI TOKEN POLICY for token usage includes: Permanent housing opps; 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.

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

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

Please Print Clearly Provider Name and Contact Number.  
Next Door Shelter

#	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	9/10			Shelter	Rose S	2	HOUSING
2	9/10				Rose S	2	VA PPA
3	9/10				Rose S	2	DR PPA
4	9/10				Rose S	7	DR PPA
5	9/10				Rose S	2	SCHULE
6	9/10				Rose S	2	STGMA
7	9/10				Rose S	2	VA PPA
8	9/10				Rose S	2	HOUSING
9	9/10				Rose S	2	HOUSING
10	9/10						
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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

18  
8/11

Please only 20 Tokens per Sheet. THANK YOU



**Monthly Family and Senior Tokens Distribution Log**

Please Print Clearly Provider Name and Contact Number:  
 Next Door Shelter

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

REFER TO MUNI TOKEN POLICY. When 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.

Tokens Per Sheet  
 Thank you

#	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	9/12/14			Shelter	Missy Mason	2	Hospital
2	09/12			Shelter	Trina Arnold	2	Denied
3	9/12			Outdoor	Missy Mason	2	School
4	9/12			Shelter	Trina Arnold	2	Doctor Appt
5	9/12			Shelter	Missy Mason	2	Doctor Appt
6	9/12			Shelter	Missy Mason	2	Doctor Appt
7	9/12			Shelter	Missy Mason	2	Doctor Appt
8	9/15			Parent class	Zmeka Ninede	2	Court Order
9	9/15			Shelter	Glancey Cyska	2	Doctor
10	9/15/14			Shelter	Spante Sainsbery	2	School
11	9/15/14			Appt	Glancey Cyska	2	Doctor
12	9/16/14				Maria Lee	2	Doctors
13							
14							
15							
16							
17							
18							
19							
20							

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	74

7/8/11

Please ONLY 20 Tokens Per Sheet. THANK YOU

Monthly Family and Sing... Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door Shelter

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.

REFER TO MUNI TOKEN POLIC... usage includes: Permanent housing appls; 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	9-16-14	Shelter	Nakia Anderson	2	School
2	9-16-14	Shelter	Nakia Anderson	1	Get a Bed.
3	9-17-14	Shelter	Alawna Danahy	2	medical
4	9-17-14	Shelter	Alawna Danahy	2	medical
5	9-17-14	Shelter	Alawna Danahy	2	Medical
6	9-17-14	Shelter	Alawna Danahy	2	work
7	9-17-14	Shelter	Alawna Danahy	2	Housing
8	9-17-14	Shelter	Alawna Danahy	2	Doctors
9	9-17-14	Shelter	Alawna Danahy	2	V/A
10	9-17-14	Shelter	Kim Gilroy	2	appts via

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	19
Month Number of days without tokens	

6811

Please only 20 Tokens Per Sheet. THANK YOU

*Day* Monthly Family and Senior Token Distribution Log

Please Print Clearly Provider Name and Contact Number.

*Next Door Shelter*

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

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

REFER TO MUNI TOKEN POLICY for 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/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	9/18/14			Shelter	KIA G.	2	Medical
2	9/18/14			"	Kim G.	2	Medical
3	9/18/14			"	Emelia	2	Housing
4	9/18/14			"	Kim G.	2	Medical
5	9/18/14			"	Kim G.	2	Housing
6	9/18/14			"	<del>Emelia</del>	2	<del>Job search Ky.</del>
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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	
10	

5811

Please only 20 Tokens Per Sheet. THANK YOU

Monthly Family and Sing... Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door Shelter

Provide Tokens EXCEPT when traveling I/ from shelter or CHANGES location.

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

REFER TO MUNI TOKEN POLICY... when usage includes: Permanent housing apps; medical appointments; substance abuse treatment; job search/interviews; mental health, shelter services and sentors. 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	9/19	Shelter	Lucy	2	Job Search
2	9/19	"	Kim G.	2	Medical
3	9/19	"	Kim G.	2	Housing
4	9/19	"	Kim G.	2	Mental Health
5	9/19	"	Kim G.	2	Medical
6	9/19	"	Kim G.	2	Medical
7	9/22	"	Jessica	2	Pro. appt
8	9/22	"	Jessica	2	Food appt
9	9/22	"	Emilia	2	Shelter Search
10	9/22	"	Audrey	2	U.S.F.
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

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**

4 8 11

Please Only 20 Tokens Per Sheet. THANK YOU

Monthly Family and Siblings Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Next Door Shelter

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.

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

ONLY 20 Tokens Per Sheet Thank you

#	Date provided to Client	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	9/22	"	Audry	2	Housing
2	9/22	"	Audry	2	S.F.G.H
3	9/22	"	Audry	2	Hospital
4	9/23	"	Arthur	2	Hospital
5	9/23	"	Audry	2	Doctors
6	9/23	"	Audry	2	Hospital
7	9/23	"	Audry	2	Doctor
8	9/23	"	Emera	2	Job Search
9	9/24	"	KIMG	2	Medical
10	9/24	"	Kim G.	2	Medical
11	9/24	"	Kim G.	2	Medical
12	9/24	"	Kim G.	2	Medical
13	9/24	"	Kim G.	2	Medical
14	9/24	"	Kim G.	2	Medical
15	9/25-14	"	Juceyd.	2	Shelter Apts
16	9/25-14	"	Kim G.	2	Housing search
17	9/25-14	"	Kim G.	2	Medical
18	9/25-14	"	Kim G.	2	Medical
19	9/25-14	"	Kim G.	2	Medical
20	9/25-14	"	Kim G.	2	Medical
21	9/25-14	"	Kim G.	2	Medical
22	9/25-14	"	Kim G.	2	Medical
23	9/25-14	"	Kim G.	2	Medical
24	9/25-14	"	Kim G.	2	Medical
25	9/25-14	"	Kim G.	2	Medical
26	9/25-14	"	Kim G.	2	Medical
27	9/25-14	"	Kim G.	2	Medical
28	9/25-14	"	Kim G.	2	Medical
29	9/25-14	"	Kim G.	2	Medical
30	9/25-14	"	Kim G.	2	Medical

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

Monthly Token Distribution Date/Total Received	3/8/11
Monthly Token Distribution Date Finished	40
Month Number of days without tokens	

Please show monthly total for this page here

Please ONLY 20 Tokens Per Sheet. THANK YOU

Resource Centers, Family and Single Adult Shelters Token Distribution Log

Shelter/RC Name:		Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested	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.
Please indicate: Shelter/Resource Center/Organization: Specify type of service, ie, Case Management, Shelter, Resource Center, etc.	No. Requested						
Next Door Shelter		Shelter	Kim G.	2	Medical		
		"	Kim G.	2	Menorah		
		"	Kim G.	2	Running Search		
		"	Kim G.	2	Medical		
		"	ARTHUR	2	Voluntary Exit		
		"	LUCY K.	2	Storage & Med. appt.		
		"	AUDRY	2	Housing search		
		"	AUDRY	2	Housing search		
		"	AUDRY	2	Medical		
		"	ARTHUR	2	Physician Therapy		
		"	ARTHUR	2	GA Appt		
		"	ARTHUR	2	Medical		
		"	ARTHUR	2	GA Appt Housing		
		"	ARTHUR	2	GA Appt. Housing		
		"	EMERSON	2	GA Appt		
		"	EMERSON	2	Housing		
		"	EMERSON	2	Housing		
		"	ARTHUR	2	Housing (Moving)		
		"	ARTHUR	2	Hospital		
		"	ARTHUR	2	850 BERRANT		
				# of tokens used			
				# of tokens given	40		
					page 2 of 11		
						Total tokens this page	

Received By: HSA Representative

Resource Centers, Family and Singl      Jult 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:

**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.

**2 tokens = one allocation**

No.	Date Requested	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	9/30	Shelter	Audry	2	Doctor's
2	9/30	"	Audry	2	Doctor's
3	9/30	"	Audry	2	Doctor's
4	9/30	"	Audry	2	V.A. Hospital
5	9/30	"	Audry	2	Housing
6	9/30	"	Audry	2	Job Search
7	9/30	"	Audry	1	Treatment Program
8	9/30	"	Audry	2	Seniors Center
9	9/30	"	Audry	2	Doctor's Appt.
10	9/30	"	ARTHUR	2	Clothing Appt
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Received By: HSA Representative *Total = 251*

# of tokens used: *19*

# of tokens given: *19*

page *1* of *11*

Total tokens this page

Resource Centers, Family and Single 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	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	10/1/14	Shelter	Kim G.	2	Medical
2	10/1/14	"	Glaysia	2	Job Search
3	10/2/14	"	Kim G.	2	Job Interview
4	10/2/14	"	Kim G.	2	Housing Appt.
5	10/2/14	"	Kim G.	2	Medical
6	10/2/14	"	Kim G.	2	Medical
7	10/2/14	"	Kim G.	2	Medical
8	10/2/14	"	Kim G.	2	Mental Health Services
9	10/2/14	"	ARTHUR	2	Medical
10	10/3/14	"	Kim G.	2	Job Interview
11	10/3/14	"	Kim G.	2	Job Interview
12	10/3/14	"	Kim G.	2	Medical
13	10/3/14	"	Kim G.	2	Medical
14	10/4/14	"	Missy Mc	2	Medical
15	10/6/14	"	J. Black	2	GA Appt. Housing
16	10/6/14	"	A. Nolan	2	Medical
17	10/6/14	"	A. Nolan	1	Medical
18	10/7/14	"	A. Nolan	1	Medical
19	10/7/14	"	A. Nolan	1	V.A. Hospital
20	10/7/14	"	A. Nolan	1	Job Search

Received By: HSA Representative

# of tokens used

# of tokens given

page 1 of 2

Total tokens this page

36



Resource Centers, Family and Single 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	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	10/7/14	"	A. Noel	2	Interview
2	10/7/14	"	A. Noel	1	Job Search
3	10/7/14	"	A. Noel	2	Medical
4	10/7/14	"	A. Noel	1	V.A.
5	10/7/14	"	A. Noel	2	S.F.G.H
6	10/7/14	"	A. Noel	2	S.F.G.H
7	10/8/14	"	<i>Arthur</i>	2	<i>Mission R.C. Client is</i>
8	10/8/14	"	<i>Kim G.</i>	2	<i>Denial (Medical)</i>
9	10/8/14	"	<i>Kim G.</i>	2	<i>Medical</i>
10	10/8/14	"	<i>Kim G.</i>	2	<i>Senior Shelter. Senior</i>
11	10/9/14	"	<i>Kim G.</i>	2	<i>Medical</i>
12	10/9/14	"	<i>Kim G.</i>	2	<i>Medical</i>
13	10/9/14	"	<i>Kim G.</i>	2	<i>Medical</i>
14	10/9/14	"	<i>Kim G.</i>	2	<i>Medical</i>
15	10/9/14	"	<i>Sofia</i>	2	<i>DOS</i>
16	10/10/14	"	<i>M. Mason</i>	2	<i>Job Search</i>
17	10/10/14	"	<i>Kim G.</i>	2	<i>Housing Appt.</i>
18	10/10/14	"	<i>Kim G.</i>	2	<i>Medical</i>
19	10/13/14	"	<i>Arthur</i>	2	<i>SFGH</i>
20	10/13/14	"	<i>A. Noel</i>	1	<i>Medical</i>
				# of tokens used	page 2 of 7
				# of tokens given	Total tokens this page

Received By: HSA Representative

Resource Centers, Family and Sin... 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	Program Type	Print Staff Name	Number of Tokens Provided	Reason/Tokens Requested
1	10/13	"	A. Noel-	1	S.F.G.H.
2	10/13	"	A Noel	1	Medical Appt
3	10/14	"	A Noel	1	Housing
4	10/14	"	A Noel	2	S.F.G.H.
5	10/14	"	A Noel-	2	Mission Health
6	10/14	"	A Noel	2	S.F.G.H.
7	10/14	"	A. Noel	2	Job Search
8	10/14	"	A. Noel	2	Housing
9	10/14	SHelter	ARTHUR	2	Hospital
10	10/15	"	Kimi G.	2	Medical
11	10/15	"	Kimi G.	2	Jdr. Health
12	10/15	"	Kimi G.	2	Jdr. Chiropractic
13	10/15	"	Kimi G.	2	Medical
14	10/15	"	Kimi G.	2	Renaid
15	10/15	"	Kimi G.	2	Medical
16	10/15	"	Kimi G.	2	Housing Appt.
17	10/15	"	Kimi G.	2	Medical
18	10/15	"	Kimi G.	2	Medical
19	10/15	"	Kimi G.	2	Medical
20	10/15	"	Kimi G.	2	Mental Health

# of tokens used

# of tokens given

page 3 of 7

Total tokens this page 37

Received By: HSA Representative

Resource Centers, Family and Sing dult 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	Requester Name	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	10/15/14	Shelter	Kim G.	2	Job Search
2	10/17/14	Shelter	Missy M.	2	Housing Appointment
3	10/17/14	"	Kim G.	2	Domestic
4	10/17/14	"	Kim G.	2	Domestic, Shelter Services
5	10-18-14	"	Kim G.	2	Housing
6	10-18-14	"	Kim G.	2	Job Interview
7	10/17/14	"	Kim G.	2	Job Search
8	10-18-14	"	Lubeck	2	Hospital - St. Mary's
9	10-18-14	"	Tanya	2	Hospice Appt
10	10/19/14	"	A Nel	2	Hospital
11	10-20-14	"	Lubeck	2	SFERA
12	10/20/14	"	A Nel	1	Dr. Appt
13	10/20/14	"	A Nel	1	Dr. Appt.
14	10/20/14	"	A Nel	2	U.C.S.F.
15	10/20/14	"	A Nel	1	SS.I
16	10/21/14	"	A Nel	1	Dr. Appt
17	10/21/14	"	A Nel	1	Job Interview
18	10/21/14	"	A Nel	2	Eye Doctor's
19	10/21/14	"	A Nel	1	Dr Appt
20	10/21/14	"	A Nel	1	Hospital
				# of tokens used	7
				# of tokens given	4 of 7
					Total tokens this page

Received By: HSA Representative

Resource Centers, Family and Sing 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	Reason Type	Print Staff Name	Number of Tokens Provided	Reason/Tokens Requested
1	10/21/14	Shelter	A. Nolan	2	Job Search
2	10/21/14	"	A. Noel	2	Dr. App.
3	10/21/14	"	A. Noel	1	Dr. Egypt
4	10/22/14	"	K. Guillory	2	Shelter, Community, Mental
5	10/22/14	"	K. Guillory	2	Substance Abuse Treatment
6	10/22/14	"	K. Guillory	2	SFGH
7	10/23/14	"	K. Guillory	2	SFGH
8	10/23/14	"	K. Guillory	2	Medical Appt.
9	10/23/14	"	K. Guillory	2	Planning
10	10/23/14	"	K. Guillory	2	Medical
11	10/23/14	"	K. Guillory	2	Medical
12	10/23/14	"	K. Guillory	2	Medical
13	10/23/14	"	K. Guillory	2	Mental Health
14	10/23/14	"	K. Guillory	2	Medical
15	10/23/14	"	K. Guillory	2	Medical
16	10/23/14	"	K. Guillory	2	Medical
17	10/24/14	"	K. Guillory	2	Medical
18	10/24/14	"	K. Guillory	2	Medical
19	10/24/14	"	K. Guillory	2	Medical
20	10/24/14	"	K. Guillory	2	Medical
				# of tokens used	page 5 of 7
				# of tokens given	Total tokens this page

Received By: HSA Representative

Resource Centers, Family and Single 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 appnts; 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	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	10/24/14	Shelter	K. Guillary	2	Medical
2	10/24/14	"	K. Guillary	2	Shelter Services - Senior
3	10/24/14	"	K. Guillary	2	Planning Recall
4	10/24/14	"	K. Guillary	2	Medical
5	10/24/14	"	K. Guillary	2	Shelter Services - Senior
6	10/24/14	"	K. Guillary	2	Shelter Services - Senior
7	10/24/14	"	K. Guillary	2	Housing Search
8	10/24/14	"	K. Guillary	2	Housing Search
9	10/26/14	"	A. Noel	2	S.F.C.H
10	10/26/14	"	SOFAA	2	VA HOSPITAL
11	10/27	"	A. Noel	2	V.A. Hospital
12	10/27	"	A. Noel	1	Job Interviews
13	10/27	"	A. Noel	1	V.A. Hospital
14	10/27	"	A. Noel	1	Job Search
15	10/27	"	A. Noel	2	Seniors Center
16	10/27	"	A. Noel	1	Housing Search
17	10/27	"	A. Noel	2	V.A. Hospital
18	10/27	"	A. Noel	2	Housing Appt
19	10/27	"	A. Noel	1	Medical
20	10/27	"	A. Noel	2	Mission Resource Center

Received By: HSA Representative

# of tokens used

# of tokens given

page 6 of 7

Total tokens this page 35

Resource Centers, Family and Single ult Shelters Token Distribution Log

Shelter/RC Name:

7  
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	Program Type	Print Staff Name	Number of Tokens Provided	Reason/Tokens Requested
1	10/27	"	A. Nol-	1	165 Capp
2	10/27	"	A. Nol-	2	S.F.G.H.
3	10/27	"	A. Nol	2	Shelter Service
4	10/28	"	A. Nol	1	Shelter Service
5	10/28	"	A. Nol	1	Medical
6	10/28	"	A. Nol	2	Medical
7	10/28	"	A. Nol	2	Seniors Center
8	10/28	"	A. Nol	2	Seniors Center
9	10/28	"	A. Nol	1	Seniors Center
10	10/29	"	K. Guillory	2	Homeing
11	10/29	"	K. Guillory	2	Seniors, Shelter Serv.
12	10/29	"	EDEN T.	2	Senior Shelter services
13	10/29	"	EDEN T.	2	Hospital
14	10/29	"	EDEN T.	2	Hospital
15	10/29	"	K. Guillory	2	Medical
16	10/30	"	K. Guillory	2	Job Search
17	10/30	"	K. Guillory	2	Medical
18	10/30	"	K. Guillory	2	Medical
19	10/30	"	K. Guillory	2	Medical
20	10/30	"	K. Guillory	2	Senior

253  
Total

Received By: HSA Representative

# of tokens used

# of tokens given

page 7 of 7

Total tokens this page

36

Resource Centers, Family and Single Adult Shelters Token Distribution Log

Shelter/RC Name:		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 appt; 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	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
Next Door Shelter					
1	10/30/14	shelter	K. Guillory	2	Job Search
2	10/30/14	"	K. Guillory	2	Medical
3	10/30/14	"	K. Guillory	2	Poncing
4	10/30/14	"	K. Guillory	2	Medical
5	10/31/14	"	K. Guillory	2	Medical
6	10/31/14	"	K. Guillory	2	Job Search
7	10/31/14	"	K. Guillory	2	Poncing
8	11/3/14	"	R. Turner	2	Hospital
9	11/3/14	"	R. Turner	2	VA Hospital
10	11/3/14	"	R. Turner	1	Other
11	11/3/14	"	R. Turner	2	Medical
12	11/3/14	"	R. Turner	2	Medical
13	11/3/14	"	R. Turner	1	Other
14	11/3/14	"	R. Turner	2	Employment
15	11/4/14	"	R. Turner	2	Housing Appt
16	11/4/14	"	Rachelle Turner	2	Dentist Appt
17	11/4/14	"	Rachelle Turner	2	Work
18	11/4/14	"	Rachelle Turner	2	Dr. appt / Job Fair
19	11/4/14	"	Rachelle Turner	1	Home work
20	11/4/14	"	Rachelle Turner	2	
# of tokens used					page ___ of ___
# of tokens given					Total tokens this page

Received By: HSA Representative

Resource Centers, Family and Single 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	11-5-14			Shelter	<i>d. Lock</i>	2	<i>DMV appt.</i>
2	11-5-14			Shelter	<i>d. Lock</i>	2	<i>VA appt.</i>
3	11-5-14				<i>d. Lock</i>	2	<i>job search</i>
4	11-5-14				<i>d. Lock</i>	2	<i>Senior Ctr</i>
5	11-6-14				<i>K. GUILLORY</i>	2	<i>Hospital</i>
6	11-6-14				<i>K. GUILLORY</i>	2	<i>Shelter Services</i>
7	11-6-14				<i>K. GUILLORY</i>	2	<i>Pharmacy</i>
8	11-6-14				<i>K. GUILLORY</i>	2	<i>Job Search</i>
9	11-6-14				<i>K. GUILLORY</i>	2	<i>Removal</i>
10	11-6-14				<i>K. GUILLORY</i>	2	<i>Medical</i>
11	11-7-14				<i>K. GUILLORY</i>	2	<i>Medical</i>
12	11-7-14				<i>K. GUILLORY</i>	2	<i>Medical</i>
13	11-7-14				<i>K. GUILLORY</i>	2	<i>Removal</i>
14	11-7-14				<i>K. GUILLORY</i>	2	<i>Pharmacy Appt.</i>
15	11-7-14				<i>K. GUILLORY</i>	2	<i>Job Search</i>
16	11-10-14				<i>d. Lock</i>	2	<i>SF6H appt.</i>
17	11-10-14				<i>A. Nolan</i>	2	<i>Shelter Service</i>
18	11-10-14				<i>A. Nolan</i>	2	<i>Job Search</i>
19	11-10-14				<i>A. Nolan</i>	2	<i>Job Search</i>
20	11-10-14				<i>A. Nolan</i>	2	<i>1 MV</i>
						40	
# of tokens used							page of
# of tokens given							Total tokens this page

Received By: HSA Representative

40



Resource Centers, Family and Sing Adult Shelters Token Distribution Log

Shelter/RC Name:

Next Door

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	11/11/14			Shelter	A. Nolan	2	Medical Appt.
2	11/11/14			"	A. Nolan	2	Job Search
3	11/13/14			"	K. GULLORY	2	Shelter Services
4	11/13/14			"	K. GULLORY	2	Shelter Services
5	11/13/14			"	K. GULLORY	2	Denial
6	11/13/14			"	K. GULLORY	2	Job Search
7	11/13/14			"	K. GULLORY	2	Medical
8	11-13-14			"	A. Lock	2	Job Search
9	11-13-14			"	K. GULLORY	2	Job Search
10	11-13-14			"	K. GULLORY	2	Job Search
11	11-13-14			"	K. GULLORY	2	Denial Appt
12	11-13-14			"	K. GULLORY	2	Job Search
13	11-13-14			"	K. GULLORY	2	Shelter Services
14	11-14-14			"	K. GULLORY	2	Medical
15	11-14-14			"	K. GULLORY	2	Medical
16	11-14-14			"	K. GULLORY	2	Medical
17	11-14-14			"	K. GULLORY	2	Denial
18	11-14-14			"	K. GULLORY	2	Job Search
19	11-14-14			"	K. GULLORY	2	Medical
20	11-14-14			"	K. GULLORY	2	Medical
						# of tokens used	40
						# of tokens given	40
						page	of
						Total tokens this page	

Received By: HSA Representative

Resource Centers, Family and Senior Adult Shelters Token Distribution Log

Shelter/RC Name:		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 appointments; 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	11-14-14			Shelter	K. GUILMORY	2	Medical
2	11-14-14			"	K. GUILMORY	2	Medical
3	11-14-14			"	K. GUILMORY	2	Shelter Services
4	11-14-14			"	A. Nolan	2	Medical
5	11-16-14			"	A. Nolan	2	Medical
6	11-17-14			"	L. Dock	2	VA Hosp.
7	11-17-14			"	A. Nolan	1	Medical
8	11-17-14			"	A. Nolan	2	Medical
9	11-17-14			"	A. Nolan	1	V.A. Hosp.
10	11-17-14			"	A. Nolan	2	D.M.V.
11	11-17-14			"	A. Nolan	1	Medical
12	11-17-14			"	A. Nolan	2	Medical
13	11-18-14			"	A. Morgan	2	Medical VA
14	11-18-14			"	A. Nolan	2	Job Search
15	11-18-14			"	A. Nolan	2	Medical
16	11-18-14			"	A. Nolan	1	V.A. Hospital
17	11-18-14			"	A. Nolan	2	Medical
18	11-18-14			"	A. Nolan	2	Job Search
19	11-19-14			"	L. Dock	1	VA Clinic
20	11-19-14			"	K. GUILMORY	2	Shelter
Received By: HSA Representative						# of tokens used	# of tokens given
						# of tokens used	# of tokens given
						page	of
						Total tokens this page	

NEXT DOOR

Resource Centers, Family and Sin Adult Shelters Token Distribution Log

Shelter/RC Name:		Please indicate: Shelter/Resource Center/Organization: Specify type of service, ie, Case Management, Shelter, Resource Center, etc:	Program Type:	Print Staff Name	2 tokens = one allocation	REFER TO MUNI TOKEN POLICY: Token usage includes: Permanent housing appl medical appointments; substance abuse treatment; job search/interviews; menta health, shelter services and seniors. Trav limited to and from Bayview/Hunter's Poi Mission District and Interfaith shelter locations.
No.	Date Requested	Last 4 CSA	Program Type	Print Staff Name	Number Tokens Provided	Reason Tokens Requested
Next Door Shelter						
1	11-19-14		Shelter	K. GULLORY	2	Job Search
2	11-19-14		"	K. GULLORY	2	Senior
3	11-19-14		"	K. GULLORY	2	Medical
4	11-19-14		"	K. GULLORY	2	Medical
5	11-19-14		"	K. GULLORY	2	Medical
6	11-19-14		"	K. GULLORY	2	Showering
7	11-20-14		"	L. JACK	2	VA Hosp
8	11-20-14		"	"	2	Medical
9	11-20-14		"	"	2	Job Search
10	11-20-14		"	K. GULLORY	2	Medical
11	11-20-14		"	K. GULLORY	2	Job Search
12	11-20-14		"	K. GULLORY	2	Showering, Search
13	11-20-14		"	K. GULLORY	2	Medical
14	11-20-14		"	K. GULLORY	2	Job Search
15	11-20-14		"	K. GULLORY	2	Medical
16	11-21-14		"	G. GYSEKO	2	Shelter Services
17	11-21-14		"	L. JACK	2	STAFF
18	11-21-14		"	K. GULLORY	2	Senior -
19	11-21-14		"	K. GULLORY	2	Job Search
20	11-21-14		"	K. GULLORY	2	Medical

Received By: HSA Representative

# of tokens used

page of

Total tokens this page

42

Resource Centers, Family and Senior Adult Shelters Token Distribution Log

Shelter/RC Name:		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 SS#	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested	
<i>Next Door Shelter</i>								
1	11-21-14			Shelter	K. GULLORY	2	Medical	
2	11-21-14			"	"	2	Recovery	
3	11-21-14			"	"	2	Recovery	
4	11-21-14			"	"	2	Medical	
5	11-21-14			"	"	2	Job Search	
6	11-21-14			"	"	2	Medical	
7	11-22-14			"	A. Nolan	2	Medical	
8	11-22-14			"	A. Moran	2	Appt Med	
9	11-23-14			"	Deck	1	Medical	
10	11-23-14			"	A. Nolan	2	Medical	
11	11-24-14			"	A. Nolan	2	V.A.	
12	11-24-14			"	A. Nolan	1	S.F.G.H	
13	11-24-14			"	A. Nolan	2	S.F.G.H	
14	11-24-14			"	A. Nolan	2	Medical	
15	11-24-14			"	A. Nolan	1	V.A	
16	11-24-14			"	A. Nolan	2	Job Search	
17	11-24-14			"	A. Nolan	1	Medical	
18	11-25-14			"	A. Nolan	2	V.A.	
19	11-25-14			"	A. Nolan	2	V.A.	
20	11-25-14			"	A. Nolan	2	V.A.	
				# of tokens used			page	
				# of tokens given			of	
							Total tokens this page	36

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

REFER TO MUNI TOKEN POLICY. Token usage includes: Permanent housing appointments; 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	Please indicate: Shelter/Resource Center/Organization: Specify type of service, ie, Case Management, Shelter, Resource Center, etc:	2 tokens = one allocation	Number of Tokens Provided	Reason Tokens Requested
1	11/25/14			S. Decker			2	DMV
2	11/25/14			"			2	Medical
3	11/25/14			"			2	Medical
4	11/26/14			"			2	Medical
5	11/26/14			"			2	Job Interview
6	11/26/14			"			2	Medical
7	11/26/14			"			2	Job Interview
8	11/26/14			"			2	Medical
9	11/26/14			"			1	Job Search
10	11/26/14			"			1	Medical
11	11/26/14			"			1	Job Search
12	11/27/14			"			1	Medical
13	11/27/14			"			1	Shelter Services
14	11/27/14			"			1	Shelter Services
15	11/27/14			"			2	Senior
16	11/30/14			"			1	Shelter Service
17	11/30/14			"			2	Medical
18	11/30/14			"			2	Medical
19	12-1-14			"			2	Traveling Appt.
20	12-1-14			"			1	Medical

Received By: HSA Representative \_\_\_\_\_

# of tokens used \_\_\_\_\_ # of tokens given \_\_\_\_\_

page \_\_\_\_\_ of \_\_\_\_\_

Total tokens this page **32**

Resource Centers, Family and Sin 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:

272

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 sheiter locations.

No. Requested	Date Requested	Print Client Name	Last SSN	Program Type	Print Staff Name	Number of Tokens Provided	Reason/Tokens Requested
1	12/1/14			Shelter	A. Nolan	1	Job Search
2	12/1/14			"	A. Nolan	1	housing appts
3	12/1/14			"	A. Nolan	2	Seniors
4	12/1/14			"	A. Nolan	1	Medical
5	12/1/14			"	A. Nolan	1	Job Search
6	12/1/14			"	A. Nolan	2	Medical
7	2/1/14			"	Glaurie ajiseke	2	medical
8	2/1/14			"	Glaurie ajiseke	2	Research (Job)
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Received By: HSA Representative

# of tokens used

# of tokens given

page 1 of 1

Total tokens this page

12

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

Shelter/RC Name:

Emeka Nneke

Next Date

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

Last 4  
SS#

Print Client Name

Program Type

Print Staff Name

Number of  
Tokens  
Provided

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.

Reason Tokens Requested

No. Requested	Date	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	Number of Tokens Provided	Reason Tokens Requested
1	12/24/14			Shelter	Emeka Nneke	2	Medical
2	12/24/14				Emeka Nneke	2	Medical
3	12/24/14				Emeka Nneke	2	Medical
4	10/25/14				K. GULLORY	2	Senior
5	10/26/14				K. GULLORY	2	Medical
6	10/26/14				K. GULLORY	2	Job Search
7	12-29-14				dedack	2	Medical
8	12-29-14				A. Jackson	2	Work
9	12-29-14				A. Jackson	2	Case Manager Appt
10	12-29-14				A. Jackson	2	Medical Appt
11	12-29-14				A. Jackson	2	Family Issue
12	12/29/14				Joan Lewis	1	Appt
13	12/29/14				Joan Lewis	1	Therapy Appt
14	12/29/14				Jenathan Smith E	2	Appt
15	12/29/14				Jenathan Smith E	2	Appt (Social sec)
16					Miss Mason	2	Medical
17	12-30-14				ARTHUR M.	2	DR Appt
18	12-30-14				ARTHUR M.	2	GA Appt
19	12-30-14				Jenathan Smith E	2	General hospital appt
20	12-30-14				Emeka Nneke	2	Medical

Received By: HSA Representative

# of tokens used

# of tokens given

page 7 of 7

Total tokens this page

38

Shelter/RC Name:

Next Door

Please indicate:

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

Shelter

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	12/30/14			Shelter	Jonathan Smith	2	Doctor appt.
2	12/30/14				Jonathan Smith	2	Doctor appt.
3	12/30/14				Jonathan Smith	2	Job search
4	12/30/14				Jonathan Smith	2	Doctor appt. / job search
5	12/30/14				Jonathan Smith	2	Social Sec appt.
6	12/30/14				Arthur	2	Hospital
7	12/30/14				Jonathan Smith	2	Doctor
8	12/31/14				Clarence Owens	2	appt.
9	12/31/14				Jonathan Smith	2	appt.
10	1/2/15				A. Leck	2	medical
11	1/2/15				Clarence	2	medical
12	1/2/15				Clarence	2	meeting
13	1/2/15				Clarence	2	medical
14	1/5/15				Armenia Neal	2	Doctor Appt
15	1/5/15				Clarence	2	Job Search
16	1/5/15				Clarence	2	Doctor appt
17	1/5/15				Clarence	2	appt box
18	1/5/15				Clarence	2	appt box
19	1/5/15				Clarence	2	appt box
20	1/6/15				Arthur	2	DR Appt.

Received By: HSA

# of tokens used  
# of tokens given

page 6 of 7

Total tokens this page

40