

Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Prudence

REFER TO MUNI TOKEN POLICY. PLEASE SPECIFY USAGE: Token usage includes: Permanent housing applis; medical appointments; substance abuse treatment (includes 12 Step Recovery Meetings); job search/interviews; mental health, shelter services and seniors. Travel limited to and from Bayview/Hunter's Point, Mission District and interfaith shelter locations. NOT INTENDED FOR ANY PURPOSES OTHER THAN SPECIFIED ABOVE.

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

Amount of tokens

5/1	2	Dr. Apt Travel limit
"	2	"
"	2	"
"	2	"
"	2	"
"	2	"
5/8	2	Sub search
"	2	"
"	2	"
"	2	Travel limit
"	2	"
"	2	"
5/9	2	Dr. Apt
"	2	Sub Search
"	2	Housing Apt
"	2	Sub Search
"	2	"
7/10	2	Dr. Apt
"	2	Travel limit
"	2	"
5/11	2	"
"	2	"

5-5-14

M

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

Date Token Distribution Received	4/2/14
Date Token Distribution Finished	5/11/14
Number of days without tokens	1

40

Please show total for this page here

Monthly Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

PROVIDENCE

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

Provide 2 tokens EXCEPT when traveling t/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	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	5/13	Shelter	SA	2	Travel limited
2	5/13		SA	2	11
3	5/13		SA	2	11
4	5/13		SA	2	11
5	5/13		SA	2	11
6	5/13		SA	2	Dr. Apt
7	5/13		SA	2	Sub Search
8	5/14		SA	2	Housing Apt
9	5/14		SA	2	Travel limit
10	5/14		SA	2	11
11	5/14		SA	2	11
12	5/14		SA	2	11
13	5/14		SA	2	11
14	5/14		SA	2	11
15	5-14		SA	2	11
16	5-14		SA	2	Housing Apt
17	5-15		SA	2	Dr. Apt
18	5-15		SA	2	Travel limit
19	5-15		SA	2	11
20	5-15		SA	2	11

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	5/13/14
Monthly Token Distribution Date Finished	6/18/14
Month Number of days without tokens	0
Please show monthly total for this page here	
40	

Monthly Family and Single Adult Token Distribution Log

#	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
		Please indicate: Shelter/Resource Center/Organization: Specify type of service, ie, Case Management, Shelter, Resource Center, etc.		Provide 2 tokens EXCEPT when traveling t/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.	
		PROVIDENCE					
1	5/16			Providence Shelter	[Signature]	2	Travel limited
2	5/16			"	[Signature]	2	"
3	5/17			"	[Signature]	2	"
4	5/17			"	[Signature]	2	"
5	5/17			"	[Signature]	2	"
6	5/17			"	[Signature]	2	"
7	5/17			"	[Signature]	2	Job Search
8	5/18			"	[Signature]	2	"
9	5/18			"	[Signature]	2	Travel for family
10	5/19			Providence	[Signature]	2	"
11	5/19			Providence	[Signature]	2	"
12	5/19			Providence	[Signature]	2	"
13	5/19			Providence	[Signature]	2	"
14	5/19			Providence	[Signature]	2	"
15	5/19			Providence	[Signature]	2	"
16	5/20			Providence	[Signature]	2	"
17	5/20			Providence	[Signature]	2	"
18	5/20			Providence	[Signature]	2	"
19	5/20			Providence	[Signature]	2	"
20	5/20			Providence	[Signature]	2	"

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

Monthly Token Distribution Date/Total Received	5/13/14
Monthly Token Distribution Date Finished	6/18/14
Month Number of days without tokens	0
Please show monthly total for this page here	
240	

Monthly Family and Single Adult Token Distribution Log

#	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
		Please indicate: Shelter/Resource Center/Organization; Specify type of service, ie, Case Management, Shelter, Resource Center, etc.		Provide 2 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.
1	5/20			Providence Shelter	[Signature]	2	Dr. APT
2	5/20			Providence Shelter	[Signature]	2	Job search
3	5/21			"	[Signature]	2	Travel limit
4	5/21			"	[Signature]	2	"
5	5/21			"	[Signature]	2	"
6	5/21			"	[Signature]	2	"
7	05/21			"	[Signature]	2	"
8	5-21			"	[Signature]	2	Job search
9	5-21			"	[Signature]	2	Dr. APT
10	5/20			"	[Signature]	2	Travel limit
11	5-22			"	[Signature]	2	"
12	5-22			"	[Signature]	2	"
13	5/22			"	[Signature]	2	"
14	5/22			"	[Signature]	2	"
15	5/22			"	[Signature]	2	"
16	5/25			Providence Shelter	[Signature]	2	Travel limit
17	5-25			Providence Shelter	[Signature]	2	Travel limit
18	5-25			Providence Shelter	[Signature]	2	Travel limit
19	5-26			Providence Shelter	[Signature]	2	Travel limit
20	5-26			Providence Shelter	[Signature]	2	Travel limit

Begin new distribution on new page.

on received and the date token distribution was finished.

Monthly Token Distribution Date/Total Received	5/13/14
Monthly Token Distribution Date Finished	6/18/14
Month Number of days without tokens	0

Please show monthly total for this page here

40

Monthly Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number: PROVIDENCE		Please indicate: Shelter/Resource Center/Organization: Specify type of service, ie. Case Management, Shelter, Resource Center, etc.	Provide 2 tokens EXCEPT when traveling t/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	Prim Staff Name	# of Tokens Provided	Reason Tokens Requested
1	5.26.			Shelter	SA	2	work
2	5.27			Shelter	SA	2	Travel limited
3	5.27				SA	2	4
4	5.27				SA	2	4
5	5.27				SA	2	4
6	5.27				SA	2	4
7	5.27				SA	2	Interview
8	5/07				SA	2	Dr. APT
9	5-27				SA	2	4
10	5.28				SA	2	Sub Search
11	5.28				SA	2	Travel limited
12	5.28				SA	2	4
13	5.28				SA	2	4
14	5-28				SA	2	4
15	5/28				SA	2	4
16	5-28				SA	2	4
17	5-28				SA	2	4
18	5/30				SA	2	4
19	5/30				SA	2	4
20	5/30				SA	2	4

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Monthly Token Distribution Date/Total Received	5/13/14
Monthly Token Distribution Date Finished	6/18/14
Month Number of days without tokens	
Please show monthly total for this page here	
40	

Monthly Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

PROVIDENCE

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#	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	5/30			Shelter	[Signature]	2	Travel limited
2	5/30				[Signature]	2	M
3	5/30				[Signature]	2	
4	5/30				[Signature]	2	
5	5/31				[Signature]	2	
6	5/31				[Signature]	2	
7	5/31				[Signature]	2	
8	6/5				[Signature]	2	
9	6/5				[Signature]	2	
10	6/5				[Signature]	2	
11	6/5				[Signature]	2	
12	6/10				[Signature]	2	
13	6/10				[Signature]	2	
14	6/10				[Signature]	2	
15	6/10				[Signature]	2	
16	6/10				[Signature]	2	
17	6-10				[Signature]	2	Job Search
18	6-10				[Signature]	2	Dr. APD
19	6-10				[Signature]	2	Travel limited
20	6-11				[Signature]	2	

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

Monthly Token Distribution Date/Total Received	5/13/14	Please show monthly total for this page here
Monthly Token Distribution Date Finished	6/18/14	
Month Number of days without tokens	0	

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#	Date Provided to Client	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	6-11		Shelter	A	2	Travel limited
2	6-11			A	2	Y
3	6-11			A	2	Y
4	6-11			A	2	Y
5	6-11			A	2	Y
6	6-11			A	2	Y
7	6-11			A	2	Y
8	6-14			A	2	Y
9	6-14			A	2	Y
10	6-14			A	2	Y
11	6-14			A	2	Y
12	6-14			A	2	Y
13	6-14			A	2	Y
14	6-14			A	2	Y
15	6-14			A	2	Y
16	6-14			A	2	Y
17	6-14			A	2	Y
18	6-15			A	2	Y
19	6-15			A	2	Y
20	6-15			A	2	Y

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Monthly Token Distribution Date/Total Received	5/13/14	Please show monthly total for this page here
Monthly Token Distribution Date Finished	6/18/14	
Month Number of days without tokens	40	

Monthly Family and Single Adult Token Distribution Log

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:
PROVIDENCE

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 PLEASE SPECIFY USAGE.

#	Date Provided to Client	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	6/15	Providence	J. Sub.	2	Travel Limited
2	6/15	Providence	J. Sub.	2	4
3	6-15	Providence	J. Sub.	2	4
4	6-15	Providence	J. Sub.	2	4
5	6.16	Providence	J. Sub.	2	4
6	6.16	Providence	J. Sub.	2	4
7	6/17	Providence	J. Sub.	2	4
8	6/17	Providence	J. Sub.	2	4
9	6/17	Providence	J. Sub.	2	4
10	6/17	Providence	J. Sub.	2	4
11	6/17	Providence	J. Sub.	2	4
12	6/17	Providence	J. Sub.	2	4
13	6/17	Providence	J. Sub.	2	4
14	6/17	Providence	J. Sub.	2	4
15	6/18	Providence	J. Sub.	2	4
16	6/18	Providence	J. Sub.	2	4
17	6/18	Providence	J. Sub.	2	4
18	6/18	Providence	J. Sub.	2	4
19	6/18	Providence	J. Sub.	2	4
20	6/18	Providence	J. Sub.	2	4

Begin new distribution on new page.

Monthly Token Distribution Date/Total Received	5/12/14
Monthly Token Distribution Date Finished	6/18/14
Month Number of days without tokens	0
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#	Date Provided to Client								
1	6-20		Shelter					2	Showering
2	6-20							2	"
3	6-20							2	"
4	6-20							2	"
5	6-21							2	"
6	6-21							2	"
7	6-21							2	"
8	6-21							2	"
9	6-21							2	"
10	6/23							2	BUS
11	6/23							2	APPOINTMENT
12	6/23							2	Doctor
13	6/23							2	music
14	6/23							2	Baymen
15	6/23							2	Jobs
16	6/23							2	Travel
17	6/24							2	Treatment
18	6/24							2	North center
19	6/24							2	HOUSING
20	6/24							2	CARP

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	6/19/14
Monthly Token Distribution Date Finished	7/10/14
Month Number of days without tokens	5
Please show monthly total for this page here	
40	

Monthly Family and Single Adult Token Distribution Log

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PROVIDENCE

#	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	6/24			shelter	JA	2	Dr. BPT
2	6/24				JA	2	Travel limit
3	6/24				JA	2	"
4	6/24				JA	2	"
5	6/24				JA	2	"
6	6/24				JA	2	"
7	6-25				JA	2	Dr. BPT
8	6/25				JA	2	Travel limit
9	6/25				JA	2	"
10	6/25				JA	2	"
11	6/25				JA	2	"
12	6/26				JA	2	"
13	6/26				JA	2	"
14	6/26				JA	2	"
15	6/26				JA	2	Dr. BPT
16	6-26				JA	2	Travel limit
17	6-26				JA	2	"
18	6/27				JA	2	"
19	6/27				JA	2	"
20	6/27				JA	2	"

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	6/24/14	Please show monthly total for this page here
Monthly Token Distribution Date Finished	6/26/14	
Month Number of days without tokens	5	

40

Monthly Family and Single Adult Token Distribution Log

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#	Date Provided to Client								
1	6/27		Shelter					2	Travel limit
2	6/27							2	Dr Apt
3	27 June							2	housing apt
4	27 June							2	"
5	6/27							2	Travel limit
6	6/27							2	"
7	6/28							2	"
8	6/28							2	"
9	6/28							2	"
10	6/28							2	"
11	6-30							2	Dr. Apt
12	6-30							2	Housing apt
13	6-30							2	Dr Apt
14	6/29							2	Travel limit
15	6/29							2	"
16	6/29							2	"
17	6/29							2	Dras
18	6/30							2	Travel limit
19	6/30							2	"
20	6/30							2	Appointments

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	6/9/14
Monthly Token Distribution Date Finished	7/10/14
Month Number of days without tokens	5
Please show monthly total for this page here	
40	

Monthly Family and Single Adult Token Distribution Log

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PLEASE SPECIFY USAGE.

Sapruna Shyrita Jones

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:
PROVIDENCE

#	Date Provided to Client	Print Client Name, Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	6/30		Providence	[Signature]	2	long appointments
2	6/30		Providence	[Signature]	2	case mgt
3	6/30		Providence	[Signature]	2	Appointment
4	6/30		Providence	[Signature]	2	Travel
5	6/30		Providence	[Signature]	2	Travel/Health
6	6/30		Providence	[Signature]	2	Travel
7	6/30		Providence	[Signature]	2	Travel
8	7/1/14		Providence	[Signature]	2	Travel
9	7/1/14		Providence	[Signature]	2	Travel
10	7/1/14		Providence	[Signature]	2	work
11	7/1/14		Providence	[Signature]	2	work
12	7/1/14		Providence	[Signature]	2	work
13	7/1/14		Providence	[Signature]	2	work
14	7/2/14		Providence	[Signature]	2	work
15	7/2/14		Providence	[Signature]	2	work
16	7/2/14		Providence	[Signature]	2	work
17	7/2/14		Providence	[Signature]	2	work
18	"		Providence	[Signature]	2	work
19	"		Providence	[Signature]	2	work
20	7/2/14		Providence	[Signature]	2	work

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	6/18/14	Please show monthly total for this page here
Monthly Token Distribution Date Finished	7/10/14	
Month Number of days without tokens	5	

40