

2 & 2 Tokens.

Run cnt
 ex
 Params
 total
 1074 Tokens
 Given
 Plus 200
 Total
 304

73
 73
 73
 73
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 75

L.C	Travel limited
L.C	"
L.C	"
L.C	"
L.C	Dr APT
L.C	Housing APT
L.C	Travel limited
L.C	"
L.C	"
L.C	Housing APT
L.C	Travel limited
L.C	"
L.C	"
L.C	Housing APT
L.C	Dr APT
L.C	"
L.C	Housing APT
L.C	Travel limited
L.C	"
L.C	"
L.C	Housing APT
L.C	Dr APT
L.C	"
L.C	Housing APT
L.C	Travel limited
L.C	"
L.C	"
L.C	"
Sum	2
Sum	2
Sum	2
Sum	2
Sum	2
Sum	2

PROVIDENCE 7/6/14
 PROVIDENCE
 FROM PENCE

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.

REFER TO MUNI TOKEN POLICY: Taken includes: Permanent housing appts; mec 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	ist 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	7-16-14		Shelter	JA	2	Travel KimFeb
2	7-16-14			JA	2	"
3	7-16-14			JA	2	"
4	7-16-14			JA	2	"
5	7-16-14			JA	2	"
6	7-16-14			JA	2	"
7	7-16			JA	2	"
8	7-16			JA	2	"
9	7-16-14		shelter	JA	2	House apt
10	7-16-14		shelter	JA	2	Dr apt
11	7-17		shelter	JA	2	Sub Search
12	7-17			JA	2	"
13	7-17			JA	2	Travel KimFeb
14	7-17			JA	2	"
15	7-17			JA	2	"
16	7-17			JA	2	"
17	7-17			JA	2	Sub Search
18	7-17			JA	2	Dr apt
19	7-17			JA	2	Travel KimFeb
20	7-17			JA	2	"

received and the date token distribution was finished.

Begin new distribution on new page.

Monthly Token Distribution Date/Total Received	7/16/14
Monthly Token Distribution Date Finished	8/6/14
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.

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	7/21			Providence	[Signature]	2	Travel limited
2	7/21			Providence	[Signature]	2	"
3	7/21			Providence	[Signature]	2	"
4	7/21			Providence	[Signature]	2	"
5	7/21			Providence	[Signature]	2	"
6	7/21-4			Providence	[Signature]	2	Dr APF
7	7/8/1			Providence	[Signature]	2	Busing APF
8	7/21			Providence	[Signature]	2	Pr APF
9	7/22			Shelter	[Signature]	2	Travel limited
10	7/22				[Signature]	2	"
11	7/22				[Signature]	2	"
12	7/22				[Signature]	2	"
13	7/22				[Signature]	2	"
14	7/23				[Signature]	2	Job search
15	7/23				[Signature]	2	Travel limited
16	7/23				[Signature]	2	"
17	7/23				[Signature]	2	"
18	7/23				[Signature]	2	"
19	7/23				[Signature]	2	"
20	7/23				[Signature]	2	Sub Search

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

Monthly Token Distribution Date/Total Received	5/16/14
Monthly Token Distribution Date Finished	8/6/14
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

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	7-23			Shelter	FA	2	Travel
2	7-27			"	FA	2	"
3	7-23			Shelters	FA	2	"
4	7-23			"	FA	2	"
5	7-23			"	FA	2	"
6	7-23			"	FA	2	DRAPT
7	7-23			Shelter	FA	2	Business AP
8	7-23			Shelter	FA	2	Job Search
9	7-24			"	FA	2	Travel
10	7-24			"	FA	2	"
11	7-24			"	FA	2	"
12	7-24			"	FA	2	"
13	7-24			"	FA	2	Job Search
14	7-24			"	FA	2	"
15	7-24			"	FA	2	"
16	7-24			"	FA	2	Travel
17	7-24			"	FA	2	"
18	7-24			Shelter	FA	2	"
19	7-24			"	FA	2	"
20	7-28			"	FA	2	"

Token received and the date token distribution was finished.

Monthly Token Distribution Date/Total Received	7/26/14	Please show monthly total for this page here
Monthly Token Distribution Date Finished	8/8/14	
Month Number of days without tokens	2	
		40

Monthly Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

PROVIDENCE

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.

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.

#	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	[Signature]	2	Travel token
2	7/28				[Signature]	2	"
3	7/28				[Signature]	2	"
4	7/28				[Signature]	2	Dr. Apt
5	7/28				[Signature]	2	Blurby Apt
6	7/28				[Signature]	2	Sub Search
7	7-28-14				[Signature]	2	Travel token
8	7-28-14				[Signature]	2	"
9	7-28-14				[Signature]	2	"
10	7/28/14				[Signature]	2	"
11	7/29				[Signature]	2	"
12	7/29				[Signature]	2	"
13	7/29				[Signature]	2	"
14	7/29				[Signature]	2	"
15	7/29				[Signature]	2	Dr Apt
16	7/29				[Signature]	2	Travel token
17	7/29				[Signature]	2	"
18	7/30/14				[Signature]	2	"
19	7-30-14				[Signature]	2	"
20	8/3				[Signature]	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	7/16/14	Please show monthly total for this page here	0
Monthly Token Distribution Date Finished	8/6/14		
Month Number of days without tokens	0		

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 1/ from shelter or CHANGES location.	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.			
#	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	7-30-14			Shelter	L.C	2	Housing Apt
2	7-30-14				L.C	2	Travel Home
3	7-30-14				L.C	2	1
4	7-20-14				L.C	2	1
5	7-30-14				L.C	2	1
6	7-30-14				L.C	2	1
7	7-30-14				L.C	2	1
8	7-30-14				L.C	2	DA Apt
9	8-2-14				L.C	2	Job Search
10	8-2-14				L.C	2	Travel Home
11	8-2-14				L.C	2	1
12	8-2-14				L.C	2	1
13	8-2-14				L.C	2	1
14	8-2-14				L.C	2	1
15	8-3-14				L.C	2	1
16	8-3-14				L.C	2	1
17	8-3-14				L.C	2	1
18	8-4-14				L.C	2	1
19	8-4-14				L.C	2	1
20	8-4-14				L.C	2	1

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	7/6/14
Monthly Token Distribution Date Finished	8/6/14
Month Number of days without tokens	C
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.	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
#	Date Provided to Client								
1	8-4-14					Shelby	SS	2	Travel
2	8/4/14						SS	2	
3	8/4/14						SS	2	
4	8/4/14						SS	2	
5	8/5/14						SS	2	
6	8/5/14						SS	2	
7	8/5/14						SS	2	
8	8/5/14						SS	2	
9	8/5/14						SS	2	
10	8/5						SS	2	
11	8/5						SS	2	
12	8-5-14						SS	2	
13	8/5/14						SS	2	
14	8/6/14						SS	2	
15	8/6/14						SS	2	
16	8/6/14						SS	2	
17	8/6/14						SS	2	
18	"						SS	2	
19	"						"	2	
20	"						"	2	

REFER TO MUNI TOKEN POLICY: Tokens 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.

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	7/16/14
Monthly Token Distribution Date Finished	8/6/14
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

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/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	8/14/14		1111	Shelter	S.S.	2	Housing Apt
2	11					2	Dr. Apt
3	11					2	Travel Ined
4	11					2	Dr. Apt
5	11					2	Job Search
6	11					2	Travel Ined
7	11					2	1
8	11					2	1
9	11					2	1
10	11					2	1
11	11					2	1
12	11					2	1
13	11					2	1
14	11					2	Dr. Apt
15	11					2	Travel Ined
16	11					2	1
17	11					2	1
18	11					2	1
19	11					2	1
20	11					2	1

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	7/16/14	Please show monthly total for this page here
Monthly Token Distribution Date Finished	8/6/14	
Month Number of days without tokens	0	

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 +/- from shelter or CHANGES location.

#	Date Provided to Client	Print Client Name	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	8.8.14			Shelter	LC	2	Travel limited
2	8.8.14			"	LC	2	"
3	8.8.14			"	LIC	2	"
4	8.8.14			"	LC	2	"
5	8.8.14			"	JA	2	Dr. ART
6	8/9/14			"	LIC	2	Travel limited
7	8/9/14			"	LIC	2	"
8	8.11.14			"	LIC	2	"
9	8.11.14			PROVIDENCE	SUB	2	"
10	8.11.14			PROVIDENCE	SUB	2	"
11	8.11.14			PROVIDENCE	SUB	2	"
12	8.17.14			PROVIDENCE	SUB	2	"
13	8.17.14			PROVIDENCE	LIC	2	"
14	8.17.14			PROVIDENCE	LIC	2	"
15	8.17.14			Shelter	LIC	2	Travel limited
16	8/12			"	SUB	2	"
17	8/12			"	SUB	2	"
18	8/12			"	SUB	2	"
19	8/12			"	SUB	2	"
20	8/12			"	SUB	2	"

Please indicate the date token distribution received and the date token distribution was finished.

Monthly Token Distribution Date/Total Received	8/8/14
Monthly Token Distribution Date Finished	8/2/14
Month Number of days without tokens	0
Please show monthly total for this page here	
40	

Monthly Family and Single Adult Token Distribution Log

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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.

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	8/12			Shelter	JGR	2	bus apt
2	8/12				JGR	2	Dr Apt
3	8/13				JGR	2	Travel (ined)
4	8/13-14				JGR	2	
5	8/13-14				JGR	2	
6	8.13.14				JGR	2	
7	8.13.14				JGR	2	
8	8.13.14				JGR	2	
9	8/14-14				JGR	2	
10	8/15/14				JGR	2	
11	8/15/14				JGR	2	
12	8/15/14				JGR	2	
13	8/15/14				JGR	2	
14	8.15.14				JGR	2	
15	8/15				JGR	2	sub search
16	8/16/14				JGR	2	
17	8/16/14				JGR	2	Dr Apt
18	8/16/14				JGR	2	Travel (ined)
19	8/16/14				JGR	2	
20	8/17/14				JGR	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	8/28/14	Please show monthly total for this page here	40
Monthly Token Distribution Date Finished	9/2/14		
Month Number of days without tokens	2		

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.

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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	8/18/14			Shelw	[Signature]	2	Travel lined
2	8/18/14				[Signature]	2	"
3	8/18/14				[Signature]	2	"
4	8/18/14				[Signature]	2	"
5	8/18/14				[Signature]	2	"
6	8/19				[Signature]	2	Dr Apt
7	8/19				[Signature]	2	Travel lined
8	8/19				[Signature]	2	"
9	8-20				[Signature]	2	"
10	8-20				[Signature]	2	"
11	8-20				[Signature]	2	"
12	8-20				[Signature]	2	Dr Apt
13	8-20				[Signature]	2	Travel lined
14	8-20				[Signature]	2	"
15	8-20				[Signature]	2	"
16	8/21				[Signature]	2	"
17	8/21				[Signature]	2	Dr Apt
18	8/21				[Signature]	2	Travel lined
19	8/21				[Signature]	2	"
20	8-21-14				[Signature]	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	8/21/14
Monthly Token Distribution Date Finished	9/2/14
Month Number of days without tokens	9
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 1/ from shelter or CHANGES location.

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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	8/20			Brady	Brady	2	Dr ART
2	8/21				Brady	2	Towel used
3	8/21					2	1
4	8/23				D.M	2	1
5	8/23				D.M	2	1
6	8/23				D.M	2	1
7	8/23				D.M	2	1
8	8/23			Providence	SW	2	housing ART
9	8/23			Providence	SW	2	Travel used
10	8/24			Providence	SW	2	1
11	8/24			Providence	SW	2	1
12	8/24			Providence	SW	2	1
13	8/24			Providence	SW	2	1
14	8/25			Providence	SW	2	1
15	8/25			Providence	SW	2	1
16	8/25			Providence	SW	2	1
17	8/25			Providence	SW	2	1
18	8/25			Providence	SW	2	1
19	8/26			Providence	SW	2	1
20	8/26			Providence	SW	2	1

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	8/28/14	Please show monthly total for this page here	40
Monthly Token Distribution Date Finished	9/2/14		
Month Number of days without tokens	0		

Monthly Family and Single Adult Token Distribution Log

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PLEASE SPECIFY USAGE.

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 8/26			shelter	[Signature]	2	Travel used DO APPT
2 8/26				[Signature]	2	"
3 8/27				[Signature]	2	Travel used
4 8/27				[Signature]	2	"
5 8/27				[Signature]	2	Housing APPT
6 8/27				[Signature]	2	Travel used
7 8/27				[Signature]	2	"
8 8/27				[Signature]	2	"
9 8/27-14				[Signature]	2	"
10 8/27-14				[Signature]	2	DO APPT
11 8/27-14				[Signature]	2	Housing APPT
12 8/27-14				[Signature]	2	Job Search
13 8/27-14				[Signature]	2	DO APPT
14 8/27-14				[Signature]	2	Travel used
15 8/27-14				[Signature]	2	"
16 8/27-14				[Signature]	2	"
17 8/27-14				[Signature]	2	"
18 8/28/14				[Signature]	2	"
19 8/28/14				[Signature]	2	"
20 8/28/14				[Signature]	2	"

Begin new distribution on new page.

Monthly Token Distribution Date/Total Received	8/28/14
Monthly Token Distribution Date Finished	9/28/14
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 1/ from shelter or CHANGES location.

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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	8/28/14			Shelter	[Signature]	2	Travel/Work
2	8/28/14				[Signature]	2	"
3	8/28/14				[Signature]	2	"
4	8/28/14				[Signature]	2	"
5	9/5/14				[Signature]	2	"
6	9/2/14				[Signature]	2	"
7	9/2/14				[Signature]	2	"
8	"				[Signature]	2	"
9	"				[Signature]	2	"
10	"				[Signature]	2	Dr. ARB
11	"				[Signature]	2	Sub Search
12	"				[Signature]	2	Travel/Work
13	"				[Signature]	2	"
14	"				[Signature]	2	"
15	"				[Signature]	2	"
16	"				[Signature]	2	"
17	"				[Signature]	2	"
18	"				[Signature]	2	"
19	"				[Signature]	2	"
20	"				[Signature]	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	8/28/14	Please show monthly total for this page here
Monthly Token Distribution Date Finished	9/2/14	
Month Number of days without tokens	40	