

# 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 MIUNI 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	11			Shelter	SJS	2	Bussing App
2	"					2	Dr. App
3	"					2	Sub such
4	"					2	Travel used
5	"					2	"
6	"					2	"
7	"					2	"
8	9/2/14					2	"
9	"					2	"
10	"					2	"
11	"					2	"
12	"					2	"
13	"					2	"
14	"					2	"
15	"					2	Dr. App
16	"					2	Travel used
17	"					2	"
18	"					2	"
19	"					2	"
20	"					2	"

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

Monthly Token Distribution Date/Total Received: 8/8/14

Monthly Token Distribution Date Finished: 9/2/14

Month Number of days without tokens: 90

Please show monthly total for this page here

# Monthly Family and Single Adult Token Distribution Log

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 Shelter/Resource Center/Organization:  
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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	9/5/14			Shelter	L.C	2	Travel limited
2	9/5/14				L.C	2	"
3	9/5/14				L.C	2	"
4	9/5/14				L.C	2	"
5	9/5/14				L.C	2	"
6	9/6/14				L.C	2	Dr. Apt
7	9/6/14				L.C	2	Travel limited
8	9/6/14				L.C	2	"
9	9/6/14				L.C	2	"
10	9/6/14				L.C	2	"
11	9/8/14				L.C	2	"
12	9/8/14				L.C	2	Home Apt
13	9/8/14				L.C	2	Travel limited
14	9/8/14				L.C	2	"
15	9/8/14				L.C	2	"
16	9/8/14				L.C	2	"
17	9/8/14				L.C	2	"
18	9/8/14				L.C	2	"
19	9/8/14				L.C	2	"
20					L.C	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	9/5/14
Monthly Token Distribution Date Finished	9/28/14
Month Number of days without tokens	7
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:  <b>PROVIDENCE</b>		Please indicate: Shelter/Resource Center/Organization: Specify type of service, ie. Case Management, Shelter, Resource Center, etc.	Provide 2 Tokens EXCEPT when traveling <i>if</i> from shelter or CHANGES location.	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
#	Date Provided to Client	Last 4 SS#	Program Type			
1	"			CC	2	Hours off
2	9/8		Shelter	LC	2	Dr. off
3	9/9/14			LC	2	Time limited
4	9/9/14			LC	2	"
5	9/9/14			LC	2	"
6	9/9/14			LC	2	"
7	9-9-14			LC	2	"
8	9-9-14			LC	2	Hours off
9	9/9/14			LC	2	Dr. off
10	9/9/14			LC	2	Time limited
11	9/10			LC	2	"
12	9/10			LC	2	"
13	9/10			LC	2	"
14	9/10			LC	2	"
15	9/10			LC	2	"
16	9/10			LC	2	"
17	9/10			LC	2	Sub Search
18	9-10-14			LC	2	Time limited
19	9/11/14			LC	2	"
20	9/11/14			LC	2	"

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Monthly Token Distribution Date/Total Received	9/5/14
Monthly Token Distribution Date Finished	9/28/14
Month Number of days without tokens	7
Please show monthly total for this page here	
<b>40</b>	

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#	Date Provided to Client	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	9/11/14	Shelter	J.A.	2	Travel/used
2	9/11/14		J.A.	2	"
3	9-11-14		J.A.	2	Driving Apt
4	9/12/14		C.C.	2	Travel/used
5	9/12/14		C.C.	2	"
6	9/12/14		C.C.	2	"
7	9/12/14		C.C.	2	"
8	9/12/14		C.C.	2	"
9	9/12		C.C.	2	"
10	9-12-14		J.A.	2	Dr. Apt
11	9-12-14		J.A.	2	Travel/used
12	9-12-14		J.A.	2	"
13	9-12-14		J.A.	2	"
14	9-12-14		J.A.	2	"
15	"		S.P.	2	"
16	"			2	"
17	"			2	"
18	"			2	"
19	"			2	"
20	"			2	"

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

Monthly Token Distribution Date/Total Received	9/5/14
Monthly Token Distribution Date Finished	9/28/14
Month Number of days without tokens	7
Please show monthly total for this page here	40

### Monthly Family and Single Adult Token Distribution Log

#	Date Provided to Client	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.	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	9-13-14				JD	2	Housing for Travel/need
2	9-15-14				JD	2	"
3	9-13-14				JD	2	"
4	9-13-14				JD	2	Dr Apt
5	9-13-14				JD	2	Travel/need
6	9/13				LS	2	"
7	"				LC	2	"
8	"				LC	2	"
9	"				LC	2	"
10	"				S.S	2	"
11	"				"	2	"
12	"				"	2	"
13	9/14/14				JD	2	Subst abuse
14	9/14/14				JD	2	Travel/need
15	9/14/14				JD	2	"
16	9/14/14				JD	2	"
17	9/15				LC	2	"
18	9/15				LC	2	"
19	9/15/14				LC	2	"
20	9/15				LC	2	"

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Begin new distribution on new page.

Monthly Token Distribution Date/Total Received	9/5/14
Monthly Token Distribution Date Finished	9/28/14
Month Number of days without tokens	7

Please show monthly total for this page here 40

# Monthly Family and Single Adult Token Distribution Log

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#	Date Provided to Client	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	9-15-14	Shelter	L.C.C	2	Housing AP
2	9-15-14		L.C.C	2	Dr. AP
3	9-15-14		L.C.C	2	Travel AP
4	9-15-14		L.C.C	2	1
5	9/16/14		L.C.C	2	1
6	9/16/14		L.C.C	2	1
7	9/16/14		L.C.C	2	1
8	9/16/14		L.C.C	2	1
9	9-16-14		L.C.C	2	1
10	9/17/14		L.C.C	2	1
11	9/17/14		L.C.C	2	1
12	9/17/14		L.C.C	2	1
13	9/18/14		L.C.C	2	1
14	9-18-14		L.C.C	2	1
15	9/18/14		L.C.C	2	1
16	9-18-14		L.C.C	2	1
17	9-18-14		L.C.C	2	1
18	9-18-14		L.C.C	2	1
19	9-18-14		L.C.C	2	1
20	9/18/14		L.C.C	2	1

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Begin new distribution on new page.**

Monthly Token Distribution Date/Total Received	9/15/14	Please show monthly total for this page here
Monthly Token Distribution Date Finished	9/25/14	
Month Number of days without tokens	7	

90

# Monthly Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

PROVIDENCE

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Providence  
Shucritia  
Jones

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PLEASE SPECIFY USAGE.

#	Date Provided to Client	Last 4 SS#	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	9/18/14		Shelter	[Signature]	2	Travel/used
2	9/18/14			[Signature]	2	"
3	9-18-14			[Signature]	2	Dr Apt
4	9-18-14			[Signature]	2	Sub Search
5	9-18-14			[Signature]	2	Dr Apt
6	9-18-14			[Signature]	2	Sub Search
7	9/18/14			[Signature]	2	Sub Search
8	9/18/14			[Signature]	2	Sub Search
9	9/19/14			[Signature]	2	Travel/used
10	9/19/14			[Signature]	2	"
11	9/19/14			[Signature]	2	"
12	9/19/14			[Signature]	2	"
13	9/19/14			[Signature]	2	"
14	9-20-14			L.C.	2	"
15	9/20/14			L.C.	2	"
16	9/20/14			L.C.	2	"
17	9/20/14			L.C.	2	"
18	9/24/14		Providence	[Signature]	2	"
19	9/20/14		Providence	[Signature]	2	"
20	9/20/14		Providence	[Signature]	2	"

Begin new distribution on new page.

Monthly Token Distribution Date/Total Received: 9/25/14

Monthly Token Distribution Date Finished: 9/25/14

Month Number of days without tokens: 7

Please show monthly total for this page here: 40

**Monthly Family and Single Adult Token Distribution Log**

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*Super Visor*  
*Shunta Jones*

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#	Date Provided to Client	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	9/20/14	Providence	[Signature]	2	Travel/med
2	9/20/14	Providence	[Signature]	2	"
3	9/20/14	Providence	[Signature]	2	PA Apt
4	9/21/14	Providence	[Signature]	2	Travel/med
5	9/23/14	Providence	[Signature]	2	"
6	9/23/14	Providence	[Signature]	2	"
7	9/23/14	Providence	[Signature]	2	"
8	9/23/14	Providence	[Signature]	2	"
9	9-23-14	Providence	[Signature]	2	"
10	9/23/14	Providence	[Signature]	2	Household
11	9/23/14	Providence	[Signature]	2	Travel/med
12	9/23/14	Providence	[Signature]	2	"
13	9/23/14	Providence	[Signature]	2	"
14	9/23/14	Providence	[Signature]	2	"
15	9/23/14	Providence	[Signature]	2	"
16	9/23/14	Providence	[Signature]	2	"
17	[Redacted]	Providence	[Signature]	2	"
18	9/24/14	Providence	[Signature]	2	"
19	9/24/14	Providence	[Signature]	2	"
20	9-24-14	Providence	[Signature]	2	"

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Monthly Token Distribution Date/Total Received	9/25/14	Please show monthly total for this page here	40
Monthly Token Distribution Date Finished	9/25/14		
Month Number of days without tokens	7		



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#	Date Provided to Client	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	9/24	Shelter	L.C	2	Travel/food
2	9/24		bg	2	Dr. App
3	9/25/14		SS	2	Travel/food
4	9/26/14			2	"
5	"			2	"
6	"			2	Dr. App
7	"			2	Travel/food
8	"			2	Bus App
9	"			2	Dr. App
10	9/27			2	Travel/food
11	"			2	"
12	"			2	"
13	"			2	"
14	"			2	"
15	9/28			2	"
16	"			2	"
17	"			2	"
18	"			2	"
19	"			2	"
20	"			2	"

**Begin new distribution on new page.**

**received and the date token distribution was finished.**

Monthly Token Distribution Date/Total Received	9/28/14	Please show monthly total for this page here
Monthly Token Distribution Date Finished	9/28/14	
Month Number of days without tokens	7	

40

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

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

Monthly Token Distribution Date/Total Received	10/10/14
Monthly Token Distribution Date Finished	10/25/14
Month Number of days without tokens	40

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#	Date Provided to Client	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	10/14	LIC	Shelton	2	Travel lined
2	10/14	LIC		2	"
3	10/14	LIC		2	"
4	10/14	LIC		2	Dr Apt
5	10-14-14	LIC		2	Housing Apt
6	10-14-14	LIC		2	Dr Apt
7	10-20-14	LIC		2	Travel lined
8	12-12-14	RON/SW	Providence	2	"
9	10/14	RON/SW	Providence	2	"
10	10/20/14	RON/SW	Providence	2	"
11	10/14	RON/SW	Shelton	2	"
12	10/21	RON/SW		2	"
13	10-20	RON/SW		2	Housing Apt
14	10/21	RON/SW		2	Dr Apt
15	10/21	RON/SW		2	Travel lined
16	10/21	RON/SW		2	"
17	10/21	RON/SW		2	"
18	10/21	RON/SW		2	"
19	10/22	RON/SW		2	"
20	10/22	RON/SW		2	"

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Monthly Token Distribution Date/Total Received	10/10/14	Please show monthly total for this page here
Monthly Token Distribution Date Finished	11/25/14	
Month Number of days without tokens		
<b>40</b>		

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#	Date Provided to Client	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	10/22	6 Shelter	J.A.	2	Travel limited
2	10-22-16		J.A.	2	"
3	10/20		J.A.	2	"
4	10/22		J.A.	2	"
5	10/22		J.A.	2	"
6	10/23		J.A.	2	"
7	10/23		J.A.	2	"
8	10/23		J.A.	2	Housing Apt
9	10/24		J.A.	2	Dr Apt
10	10/20		J.A.	2	Housing
11	10/27		J.A.	2	Dr Apt
12	10-23-		J.A.	2	Travel limited
13	10-24		J.A.	2	"
14	10/24		J.A.	2	"
15	10/24		J.A.	2	"
16	10/2		J.A.	2	"
17	10/2		J.A.	2	"
18	10/2		J.A.	2	"
19	10/2		J.A.	2	"
20	10/2		J.A.	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	10/21/14	Please show monthly total for this page here
Monthly Token Distribution Date Finished	11/25/14	
Month Number of days without tokens		
		40

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#	Date Provided to Client	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	10-27-14	Selfy	SW	2	
2	10-27-14		SW	2	
3	10-27-14		SW	2	
4	10-27-14		SW	2	
5	10/28/14		SW	2	
6	10/28/14		SW	2	
7	10/28/14		SW	2	
8	10/28/14		SW	2	
9	10/28/14		SW	2	
10	10/28/14		SW	2	
11	10/30/14		SW	2	
12	10/30/14		SW	2	
13	10/30/14		SW	2	
14	10/30		SW	2	
15	10/30/14		SW	2	
16	10/31/14		SW	2	
17	10/31/14		SW	2	
18	11/3/14		SW	2	
19	11/3/14		SW	2	
20	11/3/14		SW	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	10/30/14	Please show monthly total for this page here
Monthly Token Distribution Date Finished	11/25/14	
Month Number of days without tokens		

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#	Date Provided to Client	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	11/3	Shelter	LS	2	Dr Art
2	11/4/14		LS	2	Travel limited
3	11/4/14		LS	2	"
4	11/4/14		LS	2	"
5	11-6-14		LS	2	"
6	11/5/14		LS	2	Job Search
7	11/5/14		LS	2	Travel limited
8	11/5/14		LS	2	"
9	11-5-14		LS	2	"
10	11/6/14		LS	2	Job Search
11	11/6/14		LS	2	Travel limited
12	11/6/14		LS	2	"
13	11/6/14		LS	2	"
14	11/8/14		LS	2	"
15	11/8/14		LS	2	"
16	11/8/14		LS	2	"
17	11/9/14		LS	2	"
18	11/9/14		LS	2	"
19	11/9/14		LS	2	"
20	11/10/14		LS	2	"

Please in

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

Monthly Token Distribution Date/Total Received	11/10/14
Monthly Token Distribution Date Finished	11/25/14
Month Number of days without tokens	40

Please show monthly 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 travelling 1 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	Program Type	Print Staff Name	# of Tokens Provided	Reason Tokens Requested
1	11/10/14	Shelter	[Signature]	2	Travel
2	11/10/14		[Signature]	2	"
3	11/11/14		[Signature]	2	"
4	11/11/14		[Signature]	2	"
5	11/11/14		[Signature]	2	"
6	11/11/14		[Signature]	2	"
7	11/12/14		[Signature]	2	"
8	11/12/14		[Signature]	2	"
9	11/12/14		[Signature]	2	"
10	11/13/14		[Signature]	2	"
11	11/13/14		[Signature]	2	"
12	11/13/14		[Signature]	2	"
13	11/15/14		[Signature]	2	"
14	11/14/14		[Signature]	2	"
15	11/14/14		[Signature]	2	"
16	11/14/14		[Signature]	2	"
17	11/15/14		[Signature]	2	"
18	11/15/14		[Signature]	2	"
19	11/15/14		[Signature]	2	"
20	11/16/14		[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	11/20/14	Please show monthly total for this page here
Monthly Token Distribution Date Finished	11/25/14	
Month Number of days without tokens		

# 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 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	11/16/14	Shelter	SS	2	Travel linked
2	11/16/14		SS	2	Pr. Apt
3	11/16/14		SS	2	Pr. Apt
4	11-18-14		SS	2	Pr. Apt
5	11-18-N		SS	2	Pr. Apt
6	11/18/14		SS	2	Pr. Apt
7	11/18/14		SS	2	Pr. Apt
8	11/18/14		SS	2	Pr. Apt
9	11/19/14		SS	2	Pr. Apt
10	11/19/14		SS	2	Pr. Apt
11	11/19/14		SS	2	Pr. Apt
12	11/19/14		SS	2	Pr. Apt
13	11/20/14		SS	2	Pr. Apt
14	11/20/14		SS	2	Pr. Apt
15	11/20/14		SS	2	Pr. Apt
16	11/20/14		SS	2	Pr. Apt
17	11/25/14		SS	2	Pr. Apt
18	11/25/14		SS	2	Pr. Apt
19	11/25/14		SS	2	Pr. Apt
20	11-25		SS	2	Pr. Apt

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	11/25/14	Please show monthly total for this page here
Monthly Token Distribution Date Finished	11/25/14	
Month Number of days without tokens		40

11/25/14 WARM NEARD - 0610



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 appts; 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/Hunters 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.

CLEARLY PRINT SERIAL NUMBER

Serial Number	Usage	Tokens
L.C	Travel limited	2
L.C		2
L.C		2
L.C		2
L.C		2
L.C	Pr ART	2
L.C	Bussing ART	2
L.C	Travel limited	2
L.C		2
L.C		2
L.C		2
L.C		2
L.C		2
L.C		2
L.C	Dr ART	2
L.C	Travel limited	2
L.C		2
L.C		2
L.C		2

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

Date Token Distribution Received	11/27/13
Date Token Distribution Finished	11/27/13
Number of tokens without tokens	

40

Please show total for this page here







Family and Single Adult Token Distribution Log

Please Print Clearly Provider Name and Contact Number:

Prandence

Shuerita Jones

REFER TO MUNI TOKEN POLICY. PLEASE SPECIFY USAGE: Token usage includes: Permanent housing apps; 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.

Date	Usage	Number of Tokens	Location/Notes
12/10	NO	2	Appointment
12/10	NO	2	Meeting
12/10	NO	2	11 D @
12/10	NO	2	man
12/10	NO	2	bus
12/10	NO	2	bus
12/10	NO	2	Medical
12/10	NO	2	Job
12/10	NO	2	Mental Health
12/10	NO	2	SLIDE
12/10	NO	2	Director
12/10	NO	2	Muns
12/10	NO	2	CP @
12/10	NO	2	Hunter Point
12/10	NO	2	Travis
12/10	NO	2	Shelter @ Downtown
12/10	NO	2	Mun
12/10	NO	2	Appointment
12/10	NO	2	1 bus
12/10	NO	2	bus

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

Date Token Distribution Received: 11/27/13  
 Date Token Distribution Finished: 12/13/13  
 Number of days without tokens: 16

40

Please show total for this page here



