FOOD PANTRY DISTRIBUTION LOG

Date:_____

Agency Name:_____

AND							
CARE AND SHARE FOOD BANK FOR SOUTHERN COLORADO							

Name		Adults	Children	Seniors	First visit since January 1 st			ls this visit related to COVID?
l hereby verify a need for food. Food is for private use and not for sale or barter.		(18-59)	(0-17)	(60+)	Yes	# in HH	No	√ if Yes
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
Put Totals Here $\rightarrow \rightarrow \rightarrow$							We believe that no one should go hungry	