OFS MEMBER AGENCY DAILY LOG SHEET

DATE

Your signature is an agreement that: 1) information you provide is accurate; 2) food you receive cannot be sold or returned to grocery stores; and 3) non compliance could result in denial of future benefits.

#	returned to grocery s SIGNATURE	# in family	Under 6	7-18	19-54	55 +	ETHNICITY (OPTIONAL)	PHONE NUMBER	ADDRESS
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	TOTALS								