



Daily Log

Partner Agency _____

Date _____

	Client Name	Number In Family	Number Over 60	Number Under 18	USDA Family	USDA Total in Family	GNAP At-Risk Family	GNAP TANF	GNAP Transitional	GNAP Total in Family
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
	Total Count									

Every Meal Matters.