**Eternal Food Bank Client Sign-In & Service Record**

***FOR EFB TO CONTINUE SERVING YOU, THIS FORM MUST BE SUBMITTED NO LATER THAN THE 5TH OF EVERY MONTH FOR THE PRECEEDING MONTH.***

**Please note that CLIENT must sign themselves in. Thank you!**

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| Date | Client  Name | Address | PhoneNumber  | White/Anglo  | African American | Hispanic/Latino | Asian | Other | # of Food Boxes | Client Signature |
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|  **TOTALS** |  |  |  |  |  |  |  |