**YEAR: \_\_\_\_\_\_ - \_\_\_\_\_\_\_**

**To be completed by program staff:**

|  |
| --- |
| **Participant Name:** |
| **Proxy Name (Optional):** |
| **Certification Date: \_\_\_\_/\_\_\_\_/\_\_\_\_** |

**TO BE SIGNED BY PROGRAM PARTICIPANT (or Proxy)**

**AT THE TIME OF FOOD DISTRIBUTION**

|  |  |
| --- | --- |
| MONTH | SIGNATURE |
| January |  |
| February |  |
| March |  |
| April |  |
| May |  |
| June |  |
| July |  |
| August |  |
| September |  |
| October |  |
| November |  |
| December |  |

This institution is an equal opportunity provider.