

# CLIENT SIGN-IN SHEET

## HOJA DE REGISTRARSE

Date: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Total Households (HH): \_\_\_\_\_  
 Total Individuals: \_\_\_\_\_  
 New HH: \_\_\_\_\_ New Ind: \_\_\_\_\_

Your Name (print)	# of people in household	Is this your 1st time at this site?
Su Nombre (escriba claramente)	Numero de personas en la casa	Es su vez 1a en este sitio?
		<input type="checkbox"/> Yes/Si <input type="checkbox"/> No
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