CHOICES IN COMMUNITY LIVING, INC
FOOD STAMP CHART

Month / Name	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

- Please indicate the monetary amount of food stamps received for each person for each respective month.
- If no stamps were received, please indicate so by putting in zeroes.
- Turn in copy monthly

11/95