



# Attendance/Participant Log

## HCCBG/OOA Program

Date: \_\_\_\_\_

Center: \_\_\_\_\_

Route: \_\_\_\_\_

For the week of: \_\_\_\_\_

Home Delivered Meals		Please check appropriate day after you have delivered meal				
	Participant Name	Mon	Tues	Wed	Thurs	Fri
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

Please record the following information in the box below, once a month		
1	MENU Items	Temp
2		
3		
4		
5		

\_\_\_\_\_  
Site Managers Signature

We depend on your observations and comments to help ensure our clients' safety. Please share any comments you have:

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This program could not operate without your gift of time and generosity...We appreciate you! *Thank You!*

Meals have been delivered and received by the above participants of the HCCBG Program.

	Volunteer Signature
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	