

# COVID-19 Emergency Response Distribution

Date of Distribution:	Location Address:
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Household Demographics

	Name of Client	Address (including city and Zip)	Phone Number	Household Demographics					Total Size Household	Verbally Attest Eligibility	Signature
				Infants (0-2)	Toddlers (3-5)	Children (6-17)	Adults (18-64)	Seniors (65+)			
1										COVID-19	
2										COVID-19	
3										COVID-19	
4										COVID-19	
5										COVID-19	
6										COVID-19	
7										COVID-19	
8										COVID-19	
9										COVID-19	
10										COVID-19	
11										COVID-19	
12										COVID-19	
13										COVID-19	
14										COVID-19	
15										COVID-19	
16										COVID-19	
17										COVID-19	
18										COVID-19	
19										COVID-19	
20										COVID-19	
Totals											

Intake Worker Directions: Record the name of the head of household, address, and phone number, then ask for household demographics. Client **must verbally attest** that they meet eligibility requirements (see attestation form and have copies available to provide to clients or post conspicuously). After verbally attesting, write "yes" in the verbal attest column.