



**Kentucky Department of Agriculture - Senior Farmers' Market Nutrition Program**

107 Corporate Drive, Frankfort, KY 40601 \* 502-573-0282

**Check Issuance Log Form**

**Instructions:** Each range of checks, whether issued, voided, lost, or stolen, must be tracked on this form. Remember to issue checks in consecutive order. Fill in all information. Detailed instructions provided in your local issuing agency packet. **Return issuance logs to amanda.kidd@ky.gov**

Please indicate what application process you used:	CSFP <input type="checkbox"/>	<b>For KDA Use Only</b>
	FMNP <input type="checkbox"/>	
	Date Rec'd:	
		Date Entered:
		By:

**Issuing Agency** \_\_\_\_\_ **County** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

	Check Starting Number	# of Checks Issued	Issue Date	Participant First Name	Participant Last Name	Date of Birth	Issued By	participant signature
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