## **Health Bucks Monthly Distribution Log**

Organization Name:		Contact	Contact Person:			
Program Name:			Email:			
Address:		Phone #:				
<ol> <li>Record the <u>name</u> of the persor</li> <li>Enter the <u>date</u> Health Bucks we</li> </ol>	n who distrib ere distribute	ole below. Complete one row for ea uted the Health Bucks in the first colu ed in the second column. cks were distributed in the third colu	ımn.			
		I numbers' last 7 digits of the <b>first</b> and	d <b>last</b> Health Buck	s distributed.	conducted, effect all that apply.	
Name (Who distributed Health Bucks?)	Date (When?)	Activity (What activity was offered?)	Serial # Distributed (enter last 7 digits only)		Signature	
			First	Last	(Person completing the log)	
Example: Dr. Carol B. Owens	7/14/22	<ul><li>☑ Market visit ☑ Walking group</li><li>☐ Doctor/clinic visit</li><li>☐ Virtual workshop</li><li>☐ Other</li></ul>	202 <b>20123401</b>	2022 <b>0123405</b>	Dr. Carol B. Owen	
		□ Market visit □ Walking group     □ Doctor/clinic visit     □ Virtual workshop     □ Other				
		<ul> <li>☐ Market visit ☐ Walking group</li> <li>☐ Doctor/clinic visit</li> <li>☐ Virtual workshop</li> <li>☐ Other</li> </ul>				
		<ul> <li>☐ Market visit ☐ Walking group</li> <li>☐ Doctor/clinic visit</li> <li>☐ Virtual workshop</li> <li>☐ Other</li> </ul>				
		□ Market visit □ Walking group     □ Doctor/clinic visit     □ Virtual workshop     □ Other				
		□ Market visit □ Walking group     □ Doctor/clinic visit     □ Virtual workshop     □ Other				

Submit this log on the last day of each month you distribute Health Bucks. Email log to <a href="mailto:farmersmarkets@health.nyc.gov">farmersmarkets@health.nyc.gov</a>.