## **State and Regional Medical Needs Shelter Plan**

| Form 5 - State Medical Needs Shelter Resident/Staff/Volunteer Meal Sign-In Form |          |               |           |           | Meal: Breakfast/Lunch/Dinner |
|---|----------|---------------|-----------|-----------|------------------------------|
| Date:   | Event: _ |               |           |           | (Circle meal provided)       |
| Name (print)  | Resident | MSDH<br>Staff | Volunteer | Signature |                              |
|   |          |               |           |           |                              |
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