New/Updated	l forms
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Center Name:		Georgia Nutritión
Claim Month:	the state of the s	Services, Ind

							Office Use Only
	Participant's Name	Income Eligibilty Statement	Enrollment Form	Physical	Care Plan	Enrolled Y/N	Status
1							
2							
3							
4							
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19							
20							
21							
22							
23							
24							
25		R - Received E -					

R - Received **E** - Expired (Free to Paid) **P** - Pending, Active in Paid Status F - Free

Name	
(printed):	Signature: