



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) DAILY CENSUS REPORT

An employee of the drug addiction or alcohol treatment center completes this form each month to record the daily and monthly census of the residents.

Name of drug or alcohol treatment center:

Census month and year:

Enter each resident's name in Column 1.

Enter one of the following codes to indicate the resident's day-to-day status in columns labeled 1 through 15 on pages 1 and 2 and 16 through 31 on pages 3 and 4.

X = present D = discharged L = left program P = pass, weekend or other N = ineligible for SNAP benefits
O = outreach or other than full-time status

In the column titled Total Days, enter the total number of days the resident was present at the center.

Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total Days
1.																
2.																
3.																
4.																
5.																

Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total Days
6.																
7.																
8.																
9.																
10.																
11.																
12.																
13.																
14.																
15.																
16.																
17.																
18.																
19.																
20.																
21.																
22.																

Enter each resident's name in Column 1. Keep residents' names in the same order as listed on the previous pages. For example, resident #1 on page one is resident #1 on this page.

Enter one of the following codes to indicate the resident's day-to-day status in columns labeled 16 through 31.
 X = present D = discharged L = left program P = pass, weekend or otherwise N = ineligible for SNAP benefits
 O = other than full-time status

In the column titled Total Days, enter the total number of days the resident was present at the center.

Name	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Days
1.																	
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	
11.																	
12.																	
13.																	
14.																	

Name	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Days
15.																	
16.																	
17.																	
18.																	
19.																	
20.																	
21.																	
22.																	

Signature of person completing the form

Date

Routing

The drug addiction or alcohol treatment center maintains the original form and makes it available for auditor inspection when requested. A copy is sent to the local human services center within five calendar days of the end of the report month.