

**South Carolina Department of Social Services  
The Commodity Supplemental Food Program  
NUTRITION EDUCATION ACTIVITY SHEET**

CSFP Site Name: \_\_\_\_\_

**Instructions:** Indicate the title or subject of the activity and check the type of Nutrition Education activity being provided below. Obtain the signatures of all CSFP clients that participate in the activity.

Title or Subject: \_\_\_\_\_ Date: \_\_\_\_\_

Activity Type:  Health Screening     Food Demonstration     Lecture     Written Materials     Other

Participant Signature			
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**Mail or fax to:** S.C. Department of Social Services, P.O. Box 1520, Columbia, SC 29202. **Fax:** (803) 898-0960

Participant Signature

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