



Sweat Equity Tracking Form

Partner Family: _____

Turn in Sweat Equity Forms by the 5th of the following month

TO: Family Services Coordinator

Month: _____

By Mail: 1800 Appleton Rd. Menasha, WI 54952

FAX: 920-9540-8390

Email: edaly_hfh@gwicc.org

Sweat Equity Performed By	Date	Household Member	Friend/Relative	Time In	Time Out	Total
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Task Performed	Location	Supervisor Signature
_____	_____	_____

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