CHILD AND ADULT FOOD PROGRAM MONTHLY MEAL COUNT RECORD *(REQUIRED FORM)*

NAME OF SPONSOR _____ **MEAL SERVICE LOCATION** _____ **MONTH** _____ **# OF OPERATING DAYS** _____

NAME OF ENROLLED PARTICIPANT																																														**MEAL COUNT AND TALL INSTRUCTIONS**			
DATE	B	A	L	P	D	B	A	L	P	D	B	A	L	P	D	B	A	L	P	D	B	A	L	P	D	B	A	L	P	D	B	A	L	P	D	B	A	L	P	D	B	A	L	P	D				
1																																														1. Complete the name of sponso center, month and the numbe operating days.			
2																																																	
3																																																	
4																																														2. Complete the first and last na the enrolled participant.			
5																																																	
6																																																	
7																																														3. Record a check (√) in each co each meal served to each par per day **at the point of each service.**			
8																																																	
9																																																	
10																																																	
11																																														4. Total the checks in each colu each meal served to each par Enter the number on the total under the appropriate meal ty			
12																																																	
13																																																	
14																																																	
15																																																	
16																																														**B = BREAKFAST**			
17																																														**AM = AM SUPPLEMENT**			
18																																														**L = LUNCH**			
19																																														**PM = PM SUPPLEMENT**			
20																																														**D = DINNER**			
21																																														**FOR OFFICE USE ONL**			
22																																														(Note: Combine AM and PM Supplemen reimbursement voucher.) **Report "At R meals separately.**			
23																																																	
24																																														Catg.	B	L	D	AM/PM
25																																														F				
26																																																		
27																																														R				
28																																																		
29																																														P				
30																																																		
31																																														Total				
TOTAL																																																	
	B	A	L	P	D	B	A	L	P	D	B	A	L	P	D	B	A	L	P	D	B	A	L	P	D	B	A	L	P	D	B	A	L	P	D	B	A	L	P	D	B	A	L	P	D	Catg.	B	L	D	AM/PM

CERTIFICATION

I hereby CERTIFY that all information is true and correct. I further understand that this information is being given in connection with the receipt of federal funds, the Department officials may, for cause, verify information and that deliberate misrepresentation may subject me to prosecution or civil action under applicable state and criminal statue. The program must be available to all eligible participant regardless of age, sex, disability, race color, national origin or retaliation.

CHILD AND ADULT FOOD PROGRAM MONTHLY MEAL COUNT RECORD *(REQUIRED FORM)*

Certification: _____   _____
                    Facility Representative Signature   Date

CHILD AND ADULT FOOD PROGRAM MONTHLY MEAL COUNT RECORD *(REQUIRED FORM)*

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