CHILD AND ADULT FOOD PROGRAM MONTHLY MEAL COUNT RECORD

SPONSOR NAME_____ MEAL SERVICE LOCATION _____ MONTH _____ # OF OPERATING DAYS_____

NAME OF ENROLLED PARTICIPANT	DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

This form is designed for programs serving one meal type only. *Checks must be recorded at the point of meal service.*

Participant rows numbered 1. through 45.

TOTAL

MEAL COUNT AND TALLY INSTRUCTIONS

1. Complete the name of the sponsor, center, month and the number of operating days.

2. Complete the first and last name of the enrolled participant.

3. Record a check (✓) for each meal served to each participant per day at the point of each meal service

4. Total the checks in each column for each day a meal was served to each participant. Enter the number on the total line.

ENTER NAME OF MEAL TYPE:

FOR OFFICE USE ONLY		AT "RISK"
FREE		
REDUCED		
PAID		

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 causes, verify information and that deliberate misinformation may subject me to prosecution or civil action under applicable state and criminal statue. The program must be available to all eligible participants regardless of age, sex, disability, retaliation, race, color, or national origin.

Certification: _____ _____
          Facility Representative Signature   Date