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 TALLY 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	
1																																									1. Complete the name of sponsor, center, month and the number of operating days.
2																																									
3																																									
4																																									2. Complete the first and last name of the enrolled participant.
5																																									
6																																									
7																																									3. Record a check (√) in each column for each meal served to each participant per day **at the point of each meal service**.
8																																									
9																																									
10																																									
11																																									4. Total the checks in each column for each meal served to each participant. Enter the number on the total line under the appropriate meal type.
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 ONLY**
22																																									(Note: Combine AM and PM Supplements for the reimbursement voucher.) **Report "At Risk"**
23																																									**meals separately.**

24																																									Catg.	B	L	D	AM/PM	At "Risk"
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	Catg.	B	L	D	AM/PM	At "Risk"

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.

MEALCT.XLS