

Daily Meal Count and Attendance Record (At-Risk)

Name of Contracting Organization	Name of Facility	Program No. (TX No.) TX <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Date (mm/dd/yyyy)
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Participant's Name	Age	Breakfast	Lunch	Snack	Supper	Participant's Name	Age	Breakfast	Lunch	Snack	Supper
1						24					
2						25					
3						26					
4						27					
5						28					
6						29					
7						30					
8						31					
9						32					
10						33					
11						34					
12						35					
13						36					
14						37					
15						38					
16						39					
17						40					
18						41					
19						42					
20						43					
21						44					
22						45					
23						46					

Total breakfasts:		Total snack:		Total Non-Program Meals:	
Total lunches:		Total supper:		Total Program Meals:	

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution

_____ Signature—At-Risk Afterschool Care Center Representative

_____ Date

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