FP Assistance

Daily Meal Count and Attendance Record (At-Risk Afterschool Programs-SNACK ONLY)

At Risk Snack Form H1535

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Name of Contracting Entity	Name of Facility		Month and Year			
FP ASSISTANCE	CODE:	TX C E 0 - 2 3 2 8				

Participant's Name		Day Date		Day Date			Day	Date	e Day		Date		Day Date			
	DOB MM/DD/YY	Mon	Date		Tue	Date		Wed	Date		Thu	Dute		Fri Date		
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Program Participants. Fill in the meal count total after every meal. NO MEALS CAN BE MARKED AFTER THE MEAL IS COMPLETED. This form must be completed AT THE POINT OF MEAL SERVICE	At															
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Total Number of Proc Total Number of Non	-Program Meals					1				-						
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Signature—At-Risk Site Representative

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 under applicable state or federal statutes.

Page () of ()			
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