

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

Name of Contracting Entity  FP ASSISTANCE	Name of Facility  CODE: _____	TX <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td>C</td><td>E</td><td>0</td><td>-</td><td>2</td><td>3</td><td>2</td><td>8</td> </tr> </table>	C	E	0	-	2	3	2	8	Month and Year
C	E	0	-	2	3	2	8				

Participant's Name		DOB MM/DD/YY	Day	Date	Day	Date	Day	Date	Day	Date	Day	Date
			Mon		Tue		Wed		Thu		Fri	
			At	R	At	R	At	R	At	R	At	R
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Total Number of Program Participants. Fill in the meal count total after every meal. NO MEALS CAN BE MARKED AFTER THE MEAL IS COMPLETED. <i>This form must be completed AT THE POINT OF MEAL SERVICE</i>		At										
		R										
Total Number of Program Staff Meals												
Total Number of Non-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 under applicable state or federal statutes.

\_\_\_\_\_  
Signature—At-Risk Site Representative

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DATE