

At-Risk Daily Meal Count and Attendance Record

At-Risk Afterschool **SUPPER** only

March 2021

Name of Contracting Entity

Name of Facility

Month and Year

FP Assistance, Inc.

| | | |
|------|---------|--|
| | | |
| Code | Site ID | |

CE ID 02328

| | Participant's Name | DOB MM/DD/YY | Age | Day | | Day | | Day | | Day | | Day | |
|---|--------------------|-------------------------|-----|------|-----|------|-----|------|----|------|----|------|----|
| | | | | Date | | Date | | Date | | Date | | Date | |
| | | | | Mon | Tue | Wed | Thu | Fri | At | S | At | S | At |
| 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 | | | -- | | | | | | | | | | |
| 32 | | | -- | | | | | | | | | | |
| 33 | | | -- | | | | | | | | | | |
| 34 | | | -- | | | | | | | | | | |
| 35 | | | -- | | | | | | | | | | |
| 36 | | | -- | | | | | | | | | | |
| 37 | | | -- | | | | | | | | | | |
| 38 | | | -- | | | | | | | | | | |
| 39 | | | -- | | | | | | | | | | |
| 40 | | | -- | | | | | | | | | | |
| Total number of Program Participants. Fill in the meal count total after every meal. NO MEALS CAN BE MARKED AFTER MEAL IS COMPLETED. <i>This form must be completed AT THE POINT OF MEAL SERVICE.</i> | | Enter daily totals here | AT | | | | | | | | | | |
| | | | S | | | | | | | | | | |
| 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 on 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.

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Certification Signature (Site Representative)

Date of Signature