At-Risk Daily Meal Count and Attendance Record

At-Risk Afterschool Meals and Snacks

March 2021

Name of Contracting Entity

FP Assistance, Inc.

CE ID 02328

Name of Facility

Code

Site ID

Month and Year

	Participant's Name	DOB MM/DD/YY	Age	Day Mon Date				Day Tue Date				Day Wed Date				Day Thu Date				Day Fri Date			
				At	L	P	S	At	L	P	S	At	L	P	S	At	L	P	S	At	L	P	S
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	Total number of Program Participants. Fill in the meal count total after every meal. NO MEALS CAN BE MARKED AFTER MEAL IS COMPLETED. *This form must be completed AT THE POINT OF MEAL SERVICE* .	Enter daily totals here																					
	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.

Certification Signature (Site Representative)

Date of Signature