

Daily Meal Count and Attendance Record (At-Risk)

Name of Contracting Organization FP Assistance					Name of Facility Code _____										Program No. (TX No.) TX 1 2 9 - 0 0 0 8				Month and Year				
Participant's Name	Age	Day		Date		Day		Date		Day		Date		Day		Date		Day		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 Daily Meals:																							
Total Non-Program Meals:																							
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 under applicable state or federal statutes.

 Signature—At-Risk Afterschool Care Center Representative

 Date

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