

## At-Risk Daily Meal Count and Attendance Record

At-Risk Afterschool **SNACK** only

March 2021

Name of Contracting Entity

Name of Facility

Month and Year

FP Assistance, Inc.

CE ID 02328

Code		Site ID	
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Participant's Name	DOB MM/DD/YY	Age	Day		Day		Day		Day		Day	
			Date		Date		Date		Date		Date	
			Mon	Tue	Wed	Thu	Fri	At	P	At	P	At
1		--	At	P	At	P	At	P	At	P	At	P
2		--										
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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. <u>This form must be completed AT THE POINT OF MEAL SERVICE.</u>		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)

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Date of Signature