# Child and Adult Food Program Monthly Meal Count Record

**Required Form**

## MEAL COUNT AND TALLY INSTRUCTIONS

1. Complete the name of sponsor, center, month and the number of operating days.
2. Complete the first and last names of the enrolled participant.
3. Record a check (√) in each column for each meal served to each participant per day at the point of each meal service.
4. Total the checks in each column for all days. Enter the number on the total line under the appropriate meal type.

## Catg. B = Breakfast  
AM = AM Supplement  
L = Lunch  
PM = PM Supplement  
D = Dinner

### FOR OFFICE USE ONLY

Report "At Risk" meals separately.

### CERTIFICATION

I hereby CERTIFY that all information is true and correct. I further understand that this information is being given in connection with the receipt of federal funds, the Department officials may, for cause, verify information and that deliberate misrepresentation may subject me to prosecution or civil action under applicable state and criminal statutes. The program must be available to all eligible participants regardless of age, sex, disability, race color, national origin or retaliation.
CHILD AND ADULT FOOD PROGRAM MONTHLY MEAL COUNT RECORD  *(REQUIRED FORM)*

Certification: ________________________________  __________
Facility Representative Signature  Date
<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>MEAL SERVICE LOCATION</th>
<th>MONTH</th>
<th># OF OPERATING DAYS</th>
</tr>
</thead>
</table>

**At Risk**

B = BREAKFAST

Total the checks in each column for each meal served to each participant. Enter the number on the total line under the appropriate meal type.

**CERTIFICATION**

(Note: Combine AM and PM Supplements for the reimbursement voucher.)

Report "At Risk" meals separately.

**FOR OFFICE USE**

MEALCT.XLS