MENU/MEAL COUNT FORM

SENDCAA Food Program

Control # _____
Month/Year _____

Provider Signature _____ Capacity _____ Split Shifts _____ Yes _____ No

I certify that all the information submitted as part of this claim is true and correct. I understand that this information is being given in receipt of federal funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable state or federal law

USDA MEAL REQUIREMENTS		Day/Date: Holiday/Storm Day	Day/Date: Holiday/Storm Day	Day/Date: Holiday/Storm Day	Day/Date: Holiday/Storm Day	Day/Date: Holiday/Storm Day
BREAKFAST	Fruit/Vegetable					
	Bread/Grains					
	Milk	W 2% 1% S	W 2% 1% S	W 2% 1% S	W 2% 1% S	W 2% 1% S
MORNING SNACK	Serve from 2 food groups					
LUNCH	Meat/Alternate					
	Fruit and/or Vegetable (serve 2)					
	Bread/Grains					
	Milk	W 2% 1% S	W 2% 1% S	W 2% 1% S	W 2% 1% S	W 2% 1% S
AFTERNOON SNACK	Serve from 2 food groups					
SUPPER	Meat/Alternate					
	Fruit and/or Vegetable (serve 2)					
	Bread/Grains					
	Milk	W 2% 1% S	W 2% 1% S	W 2% 1% S	W 2% 1% S	W 2% 1% S
EVENING SNACK	Serve from 2 food groups					

CHILD'S NAME AGE: Claim up to 3 meals per child—one being a snack B=Breakfast M=Morning Snack L=Lunch A=Afternoon Snack S=Supper E= Evening Snack

		B M L A S E	B M L A S E	B M L A S E	B M L A S E	B M L A S E
		B M L A S E	B M L A S E	B M L A S E	B M L A S E	B M L A S E
		B M L A S E	B M L A S E	B M L A S E	B M L A S E	B M L A S E
		B M L A S E	B M L A S E	B M L A S E	B M L A S E	B M L A S E
		B M L A S E	B M L A S E	B M L A S E	B M L A S E	B M L A S E
		B M L A S E	B M L A S E	B M L A S E	B M L A S E	B M L A S E
		B M L A S E	B M L A S E	B M L A S E	B M L A S E	B M L A S E
		B M L A S E	B M L A S E	B M L A S E	B M L A S E	B M L A S E
		B M L A S E	B M L A S E	B M L A S E	B M L A S E	B M L A S E
		B M L A S E	B M L A S E	B M L A S E	B M L A S E	B M L A S E
		B M L A S E	B M L A S E	B M L A S E	B M L A S E	B M L A S E
		B M L A S E	B M L A S E	B M L A S E	B M L A S E	B M L A S E
		B M L A S E	B M L A S E	B M L A S E	B M L A S E	B M L A S E
		B M L A S E	B M L A S E	B M L A S E	B M L A S E	B M L A S E
		B M L A S E	B M L A S E	B M L A S E	B M L A S E	B M L A S E
		B M L A S E	B M L A S E	B M L A S E	B M L A S E	B M L A S E
		B M L A S E	B M L A S E	B M L A S E	B M L A S E	B M L A S E
Totals:	Tier I					
Daily Attendance:	Tier II					
	Tier I					
	Tier II					

TOTAL Tier I Breakfast_____ AM Snack _____ Lunch_____ PM Snack _____ Supper _____ Att_____ Days_____

Tier II Breakfast_____ AM Snack _____ Lunch_____ PM Snack _____ Supper _____ Att_____ Days_____

White Copy - Office

Yellow Copy - Provider