

Prototype Non-Congregate Meal Count Form

Site name: _____

Supervisor's name: _____

Site address: _____

Delivery time: _____

Site telephone number: _____

Date: _____

Meal type:

Breakfast

Lunch

Snack

Supper

Total meals available: _____

(Total meals available = meals received/prepared + meals available from previous day)

A. How many breakfasts, lunch, snacks, or suppers (circle one) is the child receiving at one time?

(Please note that children may not receive more than 5 days' worth of meals at one time)

1	2	3	4	5
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B. Children Served (each mark = 1 meal pack of 1, 2, 3, 4, or 5 meals as stated in Section A):

(Note that all meals recorded on this sheet are for children 18 and younger only)

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110
111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130

131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150
151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170
171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190
191	192	193	194	195	196	197	198	199	200

C. Individual meals served: _____

(if multiple meals are offered but fewer are requested, mark them individually below)

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50

D. Total meals served (# of Meals Provided [A] x Children Served [B] + Individual meals served to children [C])

Total Meals Calculation: $([A] \text{ ____} \times [B] \text{ ____}) + [C] \text{ ____} = D$ Total Meals to Claim: _____

Total leftover meals: _____

Total damaged/incomplete/other non-reimbursable meals: _____

Total meals served + Non-reimbursable meals + Total leftover meals: _____

(This number should be equal to total number of meals available for the day)

By signing below, I certify that the information above is true and accurate:

Supervisor's name: _____

Signature: _____ Date: _____