CHILD AND ADULT FOOD PROGRAM MONTHLY MEAL COUNT RECORD (REQUIRED FORM)

MONTH: November

#OF OPERATING DAYS: 22

MEAL SERVICE LOCATION: Abbeville, Georgia

Name of Enrolled Participant		ΑI			ria' ah	sbe	n				A	dil					D	iana	a				Ds	add	d					Julia					M	ali				Maya						Roy					
Date	В	A	١.	L	Р	S	D		В	Α	L	Р	S	D	В	Α	L	P	9	C	В	B	L	P	9	5 D	E	3 A	L	. P	S	D	В	Α	L	Р	S	D	В	Α	L	Р	S	D	В	Α	L	Р	S	D	
1.	0	()	1	0	0	1		0	0	1	0	0	1	0	0	1	0) (1	0	0	1	0	() 1	(0 0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	
2.	0	()	0	0	0	0)	0	0	0	0	0	0	0	0	0	0	0	(0	0	0	0	(0 0	(0 0	(0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3.	0	(0	0	0	0)	0	0	0	0	0	0	0	0	0	0) (C	0	0	0	0	(0	(0 0	(0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4.	0	()	1	0	0	1		0	0	1	0	0	1	0	0	1	0) (1	0	0	1	0	() 1	(0 0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	
5.	0	()	1	0	0	1		0	0	1	0	0	1	0	0	1	0) (1	0	0	1	0	() 1	(0 0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	
6.	0	()	0	0	0	1		0	0	0	0	0	1	0	0	0	0) (1	0	0	0	0	() 1	(0 0	(0 0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	
7.	0	()	0	0	0	1		0	0	0	0	0	1	0	0	0	0) (1	0	0	0	0	() 1	(0 0	(0 0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	
8.	0	()	1	0	0	1		0	0	1	0	0	1	0	0	1	0) (1	0	0	1	0	() 1	(0 0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	
9.	0	()	0	0	0	0)	0	0	0	0	0	0	0	0	0	0) (C	0	0	0	0	(0 0	(0 0	(0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10.	0	()	0	0	0	0)	0	0	0	0	0	0	0	0	0	0) (C	0	0	0	0	(0	(0 0	(0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11.	0	()	1	0	0	1		0	0	1	0	0	1	0	0	1	0) (1	0	0	1	0	() 1	(0 0	1	1 0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	
12.	0	()	1	0	0	1		0	0	1	0	0	1	0	0	1	0) (1	0	0	1	0	() 1	(0 0	1	1 0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	
13.	0	()	0	0	0	0)	0	0	0	0	0	0	0	0	0	0) (C	0	0	0	0	(0	(0 0	(0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14.	0	()	0	0	0	0)	0	0	0	0	0	0	0	0	0	0) ((0	0	0	0	(0 0	(0 0	(0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.	0	()	0	0	0	0)	0	0	0	0	0	0	0	0	0	0) (C	0	0	0	0	(0	(0 0	(0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16.	0	()	1	0	0	1		0	0	1	0	0	1	0	0	1	0) (1	0	0	1	0	() 1	(0 0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	
17.	0	()	1	0	0	1		0	0	1	0	0	1	0	0	1	0) (1	0	0	1	0	() 1	(0 0	1	1 0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	
18.	0	()	0	0	0	0)	0	0	0	0	0	0	0	0	0	0) (C	0	0	0	0	(0	(0 0	(0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19.	0	()	0	0	0	0)	0	0	0	0	0	0	0	0	0	0) (C	0	0	0	0	(0	(0 0	(0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
20.	0	()	1	0	0	1		0	0	1	0	0	1	0	0	1	0) (1	0	0	1	0	() 1	(0 0	1	1 0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	
21.	0	()	1	0	0	1		0	0	1	0	0	1	0	0	1	0) (1	0	0	1	0	() 1	(0 0	1	1 0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	
22.	0	()	1	0	0	1		0	0	1	0	0	1	0	0	1	0) (1	0	0	1	0	() 1	(0 0	1	1 0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	
23.	0	()	0	0	0	1		0	0	0	0	0	1	0	0	0	0) (1	0	0	0	0	() 1	(0 0	(0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	
24.	0	()	0	0	0	0)	0	0	0	0	0	0	0	0	0	0) ((0	0	0	0	(0	(0 0	(0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25.	0	()	1	0	0	1		0	0	1	0	0	1	0	0	1	0) (1	0	0	1	0	() 1	(0 0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	
26.	0	()	1	0	0	1		0	0	1	0	0	1	0	0	1	0) (1	0	0	1	0	() 1	(0 0	1	1 0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	
27.	0	()	1	0	0	1		0	0	1	0	0	1	0	0	1	0) (1	C	0	1	0	() 1	(0 0	1	1 0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	
28.	0	()	0	0	0	0)	0	0	0	0	0	0	0	0	0	0) (C	0	0	0	0	0	0	(0 0	(0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29.	0	()	0	0	0	0)	0	0	0	0	0	0	0	0	0	0) ((0	0	0	0	0	0	(0 0	(0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30.	0	(0	0	0	0)	0	0	0	0	0	0	0	0	0	0) ((0	0	0	0	0	0	(0 0	(0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total	0	() 1	14	0	0	22	2	0	0	14	0	0	22	0	0	14	. 0) (2	2 0	0	14	1 0	0) 2	2 (0 0	1	4 0	0	22	0	0	14	0	0	22	0	0	14	0	0	22	0	0	14	0	0	22	
Date	В	1	4	L	Р	S	D)	В	Α	L	Р	S	D	В	Α	L	P	9	С	В	В	L	Р	9	S D	E	3 A	L	. P	S	D	В	Α	L	Р	S	D	В	Α	L	Р	S	D	В	Α	L	Р	S	D	

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 statue. The program must be available to all eligible participant regardless of age, sex, disability, race color, national origin or retaliation.

Certification:

Facility Representative Signature

NAME OF SPONSOR: ADCC 2

MEAL COUNT AND TALLY INSTRUCTIONS

- Complete the name of sponsor, center, month and the number of operating days.
- 2. Complete the first and last name of the enrolled participant.
- 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 each meal served to each participant. Enter the number on the total line under the appropriate meal type

B : BREAKFAST

AM : AM SUPPLEMENT

L : LUNCH

PM: PM SUPPLEMENT

D : DINNER

FOR OFFICE USE ONLY

(Note: Combine AM and PM Supplements for the reimbursement voucher.) Report "At Risk" meals separately.

Catg	В	Α	L	P	S	D	AM PM	At Risk
F	0	0	0	139	139	0	234/	
R	0	0	0	0	0	0	0	
Р	0	0	0	0	0	0	0	
Total	22	0	36	249	249	0	484/ 62	

CHILD AND ADULT FOOD PROGRAM MONTHLY MEAL COUNT RECORD (REQUIRED FORM)

MONTH: November

#OF OPERATING DAYS: 22

MEAL SERVICE LOCATION: Abbeville, Georgia

INIE OF SPONSOR : ADCC 2						MEAL SERVICE LOCATION : Abbeville, Georg												orgia WONTH: November																	MING DAYS: 22												
Name of Enrolled Participant	Ryan								Те	sting	J		Tia								Tia	ra					То	ny				Tueso	layC	lien	t		Uvi						Roy				
Date	В	Α	L	Р	S	D	В	Α	L	P	S	D	В	Α	L	Р	S	D	В	Α	L	Р	S	D	В	Α	L	Р	S	D	В	A L	. F	S	D	В	Α	L	Р	S	D	В	Α	L	Р	S	
1.	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0 1	C	0	1	0	0	1	0	0	1	0	0	1	0	0	
2.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0	C	0	0	0	0	0	0	0	0	0	0	0	0	0	
3.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0	C	0	0	0	0	0	0	0	0	0	0	0	0	0	
4.	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0 1	C	0	1	0	0	1	0	0	1	0	0	1	0	0	
5.	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0 1	C	0	1	0	0	1	0	0	1	0	0	1	0	0	
6.	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0 0	C	0	1	0	0	0	0	0	1	0	0	0	0	0	
7.	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0 0	C	0	1	0	0	0	0	0	1	0	0	0	0	0	
8.	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0 1	C	0	1	0	0	1	0	0	1	0	0	1	0	0	
9.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0	C	0	0	0	0	0	0	0	0	0	0	0	0	0	
10.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0	C	0	0	0	0	0	0	0	0	0	0	0	0	0	
11.	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0 1	C	0	1	0	0	1	0	0	1	0	0	1	0	С	
12.	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0 1	C	0	1	0	0	1	0	0	1	0	0	1	0	0	
13.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0	C	0	0	0	0	0	0	0	0	0	0	0	0	C	
14.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0	C	0	0	0	0	0	0	0	0	0	0	0	0	C	
15.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0	C	0	0	0	0	0	0	0	0	0	0	0	0	C	
16.	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0 1	C	0	1	0	0	1	0	0	1	0	0	1	0	C	
17.	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0 1	C	0	1	0	0	1	0	0	1	0	0	1	0	С	
18.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0	C	0	0	0	0	0	0	0	0	0	0	0	0	C	
19.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0	C	0	0	0	0	0	0	0	0	0	0	0	0	C	
20.	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0 1	C	0	1	0	0	1	0	0	1	0	0	1	0	C	
21.	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0 1	C	0	1	0	0	1	0	0	1	0	0	1	0	0	
22.	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0 1	C	0	1	0	0	1	0	0	1	0	0	1	0	0	
23.	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0 0	C	0	1	0	0	0	0	0	1	0	0	0	0	0	
24.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0	C	0	0	0	0	0	0	0	0	0	0	0	0	0	
25.	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0 1	C	0	1	0	0	1	0	0	1	0	0	1	0	0	
26.	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0 1	C	0	1	0	0	1	0	0	1	0	0	1	0	С	
27.	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0 1	C	0	1	0	0	1	0	0	1	0	0	1	0	0	
28.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0	C	0	0	0	0	0	0	0	0	0	0	0	0	0	
29.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0	C	0	0	0	0	0	0	0	0	0	0	0	0	0	
30.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0	C	0	0	0	0	0	0	0	0	0	0	0	0	С	
Total	0	0	14	0	0	22	0	0	14	1 0	0	22	0	0	14	0	0	22	0	0	14	0	0	22	0	0	14	0	0 2	22	0	0 14	4 (0	22	0	0	14	0	0	22	0	0	14	0	0	
Date	В	Α	L	Р	S	D	В	Α	L	P	S	D	В	Α	L	Р	S	D	В	Α	L	Р	S	D	В	Α	L	Р	S	D	В	A L	F	S	D	В	Α	L	Р	S	D	В	Α	L	Р	S	

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AM : AM SUPPLEMENT

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PM: PM SUPPLEMENT

D : DINNER

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Catg	В	Α	L	P	S	D	AM PM	At Risk
F	0	0	0	139	139	0	234/ 244	
R	0	0	0	0	0	0	0	
P	0	0	0	0	0	0	0	
Total	22	0	36	249	249	0	484/ 62	