ADULT DAY CARE

MEAL COUNT FORM BY INDIVIDUAL NAME

* To be used by sponsors who are approved to serve more than 2 meals and 1 snack OR 2 snacks and 1 meal per day. Also for sponsors who may be requested to record meal counts by individual name.
* Record all creditable meals served to each participant for the day by entering an “X”. Before submitting the monthly claim, center administration must circle the meal/snack that will not be claimed if the total served to the participant is over 2 meals and 1 snack OR 2 snacks and 1 meal.

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|  |  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| **MO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YR: \_\_\_\_\_\_\_\_\_\_****WEEK OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****GROUP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****STAFF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Breakfast** | **AM Snack** | **Lunch** | **PM Snack** | **Supper** | **Evening Snack** | **Breakfast** | **AM Snack** | **Lunch** | **PM Snack** | **Supper** | **Evening Snack** | **Breakfast** | **AM Snack** | **Lunch** | **PM Snack** | **Supper** | **Evening Snack** | **Breakfast** | **AM Snack** | **Lunch** | **PM Snack** | **Supper** | **Evening Snack** | **Breakfast** | **AM Snack** | **Lunch** | **PM Snack** | **Supper** | **Evening Snack** | **Breakfast** | **AM Snack** | **Lunch** | **PM Snack** | **Supper** | **Evening Snack** | **Breakfast** | **AM Snack** | **Lunch** | **PM Snack** | **Supper** | **Evening Snack** |
| **PARTICIPANT’S NAME** |  |
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| **DAILY MEAL COUNT TOTALS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MEAL COUNT TOTALS FOR PAGE (WEEK)** | **BREAKFAST** | **AM SNACK** | **LUNCH** | **PM SNACK** | **SUPPER** | **EVENING SNACK** |