

ILLINOIS STATE BOARD OF EDUCATION

Nutrition Programs and Wellness Division

100 North First Street, W-270

Springfield, Illinois 62777-0001

**AT-RISK AFTER-SCHOOL SNACK/SUPPER PROGRAM
DAILY MEAL COUNT FORM**

SITE NAME	DATE
MEAL TYPE - Use separate sheet for each meal service <i>(Check one only)</i> <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper	DAY <i>(Check one only)</i> <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> SU

Meals served to Children *(Cross off number as each child receives a meal):*

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	201	202	203	204	205	206	207	208	209	210
211	212	213	214	215	216	217	218	219	220	221	222	223	224	225
226	227	228	229	230	231	232	233	234	235	236	237	238	239	240
241	242	243	244	245	246	247	248	249	250					

Total Meals: _____
Claim These Meals

Meals served to Program adults must be recorded but cannot be claimed for reimbursement.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----

Total Program Adult Meals: _____
Do Not Claim

Meals served to Non-Program adults must be recorded but cannot be claimed for reimbursement.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----

Total Non-Program Adult Meals: _____
Do Not Claim

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

Print Name	Signature	Date
------------	-----------	------