



100 North First Street  
Springfield, Illinois 62777-0001

**NON-CONGREGATE  
DAILY MEAL COUNT FORM**

**SUMMER FOOD SERVICE PROGRAM**

SITE NAME		SITE NUMBER		SITE ADDRESS				SITE SUPERVISOR			
DATE		<input type="checkbox"/> Delivered <input type="checkbox"/> Prepared on Site		DELIVERY TIME			DELIVERY TEMPERATURE				
MEAL TYPE(S) (If providing more than one meal type, select all that are allowed for the site type): <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper								DATE OF DISTRIBUTION			
DATE RANGE: from: to:				Check the days of intended meal consumption: <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa (Week 1) <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa (Week 2, if applicable)							
DISTRIBUTION TYPE <input type="checkbox"/> Meal Pickup <input type="checkbox"/> Delivery				BEGINNING DISTRIBUTION TIME				ENDING DISTRIBUTION TYPE			

**Section 1 – Number of Children Provided a Non-Congregate Meal(s):**

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	251	252	253	254	255	256	257	258	259	260

**Section 1 Subtotal:** \_\_\_\_\_

**Number of additional children requesting a meal after all available meals were served.:** \_\_\_\_\_

**Section 2 – Program Adults**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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**Section 2 Subtotal:** \_\_\_\_\_**Section 3 – Non-Program Adults**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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**Section 3 Subtotal:** \_\_\_\_\_**Section 4 – Total Number Of Meals Served****Total Meals Served:** \_\_\_\_\_**Total Leftover Meals:** \_\_\_\_\_**Total Damaged Meals:** \_\_\_\_\_**Income from Adult Meals:** \_\_\_\_\_**A. Number of days' worth of meals provided:** \_\_\_\_\_**B. Total number of children served during this distribution from Section 1 Subtotal:** \_\_\_\_\_**C. Multiply A and B for total number of meals provided during this distribution for each meal type selected above:** \_\_\_\_\_

☐ I (We) CERTIFY that the above counts were obtained as each meal option was served to a child and that each meal counted met all of the requirements set forth in the Summer Food Service Program Agreement, and all other information shown is true and correct.

\_\_\_\_\_  
Site Official Who Prepared this Form\_\_\_\_\_  
*Digital or Original Signature*\_\_\_\_\_  
Date\_\_\_\_\_  
Site Supervisor\_\_\_\_\_  
*Digital or Original Signature*\_\_\_\_\_  
Date