

Provider's Name _____

Claim Month/Year _____

MEAL COUNT FORM



YOUTH & FAMILY
SERVICES

Total claimed \$ _____

Daily Attendance Totals		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	Monthly Totals		
Child's First/Last Name																																		B=	
																																		L=	
DOB																																		Sn=	
																																		S=	
Child's First/Last Name																																	B=		
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DOB																																	Sn=		
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DOB																																	Sn=		
																																	S=		
Child's First/Last Name																																	B=		
																																	L=		
DOB																																	Sn=		
																																	S=		
Daily totals on first page only																																Grand Totals			
Breakfast daily total:																																Breakfast			
AM snack daily total:																																AM Snack			
Lunch daily total:																																Lunch			
PM snack daily total:																																PM Snack			
Supper daily total:																																Supper			
Ev snack daily total:																																Ev Snack			