# MEAL COUNT RECORD

Provider Signature: _____

All the information submitted in this claim is true and correct. I understand that this information is being given in receipt of federal funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable state or federal law.

SOUTHEASTERN NORTH DAKOTA community Action

Control #: _____ Split Shift: Y N Capacity: _____ Month/Yr: _____

| | *Day of Week/Day of Month* (circle if no school) | No School | No School | No School | No School | No School |
|---|---|---|---|---|---|---|
| BREAKFAST | Fruit or Vegetable | | | | | |
| | Grain/Meat/Meat Alt | | | | | |
| | Milk ☐ Check box if served | ☐ Whole(1-2) and/or 1% or skim (2&over) | ☐ Whole(1-2) and/or 1% or skim (2&over) | ☐ Whole(1-2) and/or 1% or skim (2&over) | ☐ Whole(1-2) and/or 1% or skim (2&over) | ☐ Whole(1-2) and/or 1% or skim (2&over) |
| AM | Serve 2 components (write in types of milk, if served) | | | | | |
| LUNCH | Meat/Meat Alt | | | | | |
| | Vegetable | | | | | |
| | Fruit or Vegetable | | | | | |
| | Grains | | | | | |
| | Milk ☐ Check box if served | ☐ Whole(1-2) and/or 1% or skim (2&over) | ☐ Whole(1-2) and/or 1% or skim (2&over) | ☐ Whole(1-2) and/or 1% or skim (2&over) | ☐ Whole(1-2) and/or 1% or skim (2&over) | ☐ Whole(1-2) and/or 1% or skim (2&over) |
| PM | Serve 2 components (write in types of milk, if served) | | | | | |
| DINNER/SUPPER | Meat/Meat Alt | | | | | |
| | Vegetable | | | | | |
| | Fruit or Vegetable | | | | | |
| | Grains | | | | | |
| | Milk ☐ Check box if served | ☐ Whole(1-2) and/or 1% or skim (2&over) | ☐ Whole(1-2) and/or 1% or skim (2&over) | ☐ Whole(1-2) and/or 1% or skim (2&over) | ☐ Whole(1-2) and/or 1% or skim (2&over) | ☐ Whole(1-2) and/or 1% or skim (2&over) |
| EVE | Serve 2 components (write in types of milk, if served) | | | | | |

**Child's Name** **Age** Claim up to 3 meals per child—one being a snack B=Breakfast A=AM Sn. L=Lunch P= PM Sn. D=Dinner/Supper E=Eve Sn.

| | | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
|---|---|---|---|---|---|---|
| | | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| | | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| | | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| | | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| | | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| | | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| | | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| | | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| | | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| | | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| | | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| | | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| | | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| | | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| | | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| | | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| | | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| | | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| *For office use only* | Tier I | | | | | |
| | Tier II | | | | | |
| | Tier I Attendance | | | | | |
| | Tier II Attendance | | | | | |

Tier I - B _____ AM _____ L _____ PM _____ D _____ E _____ Att. _____ Days _____

Tier II - B _____ AM _____ L _____ PM _____ D _____ E _____ Att. _____ Days _____

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