

FAMILY DAY CARE
 MONTHLY MEAL COUNT
 AND CLAIM FOR REIMBURSEMENT

Name of Provider: _____

Licensed Capacity: _____ Month and Year: _____

Date	Daily Attendance	Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper	Night Snack	Total
1								
2								
3								
4								
5								
6								
7								
8								
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10								
11								
12								
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31								
T O T A L								

I certify that I have followed USDA portion requirements and meal pattern guidelines. I am only claiming reimbursement for meals served to: (a) enrolled children of migrant workers 15 years of age and under, (b) mentally or physically disabled persons, as defined by the State, enrolled in an institution or child care site serving a majority of persons 18 years of age and under, or (c) to enrolled Family Day Care children twelve (12) years old and younger, and to my own enrolled children twelve (12) years old and under if they qualify.

Also, to the best of my knowledge, this home is not participating in the Child and Adult Care Food Program under any other Sponsoring Organization. I further certify that the meals served and attendance reported on this claim are true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds; the USDA and the Department of Education officials may, for cause, verify information, and the deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Signature of Provider: _____

Date _____