AK Family Child Care Food Program   Monthly Meal Count Sheet

7926 Old Seward Hwy Suite C5, Anchorage, Alaska 99518   (907) 274-2237   foodprogram@akfamilycca.org

DUE NO LATER THAN THE 5TH OF NEXT MONTH

DATE RECEIVED

Month: ____________ Year: ________ Provider: ______________________________

Child First & Last Name	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	Totals	Both Pages Totals
Breakfast (B)																																(B)	
AM Snack (A)																																(A)	
Lunch (L)																																(L)	
PM Snack (P)																																(P)	
Dinner (D)																																(D)	
Evening Snack (E)																																(E)	

I certify that all the information submitted is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and criminal statutes. The program must be made available to all eligible children regardless of age, sex, handicap, race, color, religion, or national origin.

PROVIDER'S SIGNATURE: ______________________ **DATE:** __________

ORIGINAL - FOOD PROGRAM   YELLOW - PROVIDER