AK Family Child Care Food Program 7926 Old Seward Hwy Suite A-7, Anchorage, Alaska 99518 274-2237
fax to 907-274-2238 or email to foodprogram@alaska.net

Monthly Meal Count Sheet

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