

## DAILY "POINT OF SERVICE" MEAL COUNT

Institution Name:		Facility Name:		Month:	Year:
Day of Month	BREAKFAST	A.M. SUPPLEMENTS	LUNCH	P. M. SUPPLEMENTS	SUPPER
	# Served	# Served	# Served	# Served	# Served
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					
Claim Verified					
Total Claimed					

**Definitions:**

- Enrolled Adults: Adult Care Program's participants who are currently enrolled on the ACFP Enrolled Roster.

**Instructions:**

- Daily: List the total number of enrolled adults who received a reimbursable meal under the appropriate meal column.
- Monthly: Add the number of reimbursable meals served during the month and place total in Claim Verified Row.
- Monthly: Place the reimbursable meals served from the claim in the Total Claimed row. Compare to Verified Row.