

DAILY "POINT OF SERVICE" MEAL COUNT

Institution Name:		Facility Name:			Month:	Year:
Day of Month	BREAKFAST	A.M. SUPPLEMENTS	LUNCH	P. M. SUPPLEMENTS	SUPPER	
	<i># Served</i>	<i># Served</i>	<i># Served</i>	<i># Served</i>	<i># Served</i>	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
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17						
18						
19						
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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.