CCFP-MEAL ATTENDANCE FORM (Rev. 4/2001) TOTAL SN - PM SN - EVENING S - SUPPER L - LUNCH CHILDS NAME DATE: NAME OF HOME  $\varpi$ AS N PSS S EVE D  $\varpi$ ASN NS PSS S EVE ⋗  $\varpi$ ₽S PK S EVE D  $\varpi$ ASS Signature / Date PS S EVE D  $\Box$ ASN NSN PS S

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SN - AM

A - ATTENDANCE B - BREAKFAST

MISSOURI DEPARTMENT OF HEALTH

CHILD CARE FOOD PROGRAM

I certify that the record submitted in support of my claim under the CCFP are accurate. I understand the information is being given for the receipt of Federal funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

MEAL/ATTENDANCE FORM