

**INSTITUTION:**

**Month / Year:**

Day of Month	Breakfast Served	AM Snack Served	Lunch Served	PM Snack Served	Supper 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					
<b>Total Claimed</b>	0	0	0	0	0
<b>Total Verified</b>	0	0	0	0	0

**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