Texas Department of Agriculture

Daily Meal Count and Attendance Record
(Centers and Emergency Shelters)

Form H1535
June 2016

Name of Contracting Entity (CE)	Name of Site	CE ID	Month and Year
Steps to Excellence		06082	

Centers: may claim up to 2 meals and 1 snack or 1 meal and 2 snacks. At-risk: may claim up to 1 meal and 1 snack. Emergency Shelters: may claim up to 3 meals or 2 meals and 1 snack.

Participant's Name		Age	Day							Date							Day							Date							Day							Date						
			At	B	A	L	P	S	E	At	B	A	L	P	S	E	At	B	A	L	P	S	E	At	B	A	L	P	S	E	At	B	A	L	P	S	E	At	B	A	L	P	S	E
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Number of Program Participants – Attendance & Meal Count		At																																									
		B																																									
		A																																									
		L																																									
		P																																									
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Number of Program Participant Meals to be Claimed																																											
Number of Program Staff and Non-Program Meals																																											

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible Program participants. I understand that misrepresentation may result in prosecution under applicable state or federal laws.

Signature—Site Representative

Date