

SUMMER FOOD SERVICE PROGRAM

Sample Meal Count - Consolidation Form of First (1st) and Second (2nd) Meals Served

Claim Period: ____/____/____ to ____/____/____

Site	Breakfast		Lunch		Snack		Supper	
	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal	1 st Snack	2 nd Snack	1 st Meal	2 nd Meal
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
Total								

Meal Type	(A) Total 1 st Meals/Snacks Served	(B) Total 2 nd Meals/Snacks Served	(C) 2 nd Meal/Snack Limitation (.02 x A)	(D) Allowable 2 nd Meals/ Snacks – Lesser of (B) or (C)	(E) Allowable Total Meals/ Snacks (A) + (D)
Breakfast					
Lunch					
Snack					
Supper					

ADA Compliant 7/12/2018