

CACFP At-Risk Weekly Attendance

Site: _____

TOTAL SUPPERS:

Week of: _____

Attendance Instructions

1. Fill in the site name and the week of which the service is taking place.
2. Mark an 'X' in the box next to the student name under Supper at the point of service.
3. Total the number of 'X's at the bottom of each column for each day
4. Total number of Suppers for the week and write at the top of the page next to 'Total Suppers'.
5. Page numbers should be filled out based on total number of roster pages (in the same order every week). For example, 1 of 6, 2 of 6, etc.
6. Write in the date above the day of the week in the format MM/DD/YY.
7. Be sure each page is signed and dated.

		DATE: / / / / / / / / / /				
		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FIRST & LAST NAME	AGE	Supper	Supper	Supper	Supper	Supper
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)						
TOTAL 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 participants. I understand that misrepresentation may result in prosecution under applicable state or federal statutes.