Texas Department
of Human Services

Form **1535**
July 1999

DAILY MEAL COUNT AND ATTENDANCE RECORD (Centers and Emergency Shelters)

Name of Contractor	Name of Facility	Agreement No. (TX No.)	Month and Year
		TX	

CENTERS: You may claim up to two meals and one snack or one meal and two snacks. EMERGENCY SHELTERS: You may claim up to three meals or two meals and one snack.

PARTICIPANT'S NAME	AGE	DAY	DATE	DAY	DATE	DAY	DATE	DAY	DATE	DAY	DATE
1		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	
2		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	
3		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	
4		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	
5		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	
6		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	
7		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	
8		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	
9		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	
10		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	
11		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	
12		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	
13		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	
14		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	
15		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	
Total Number of Program Participants	At										
	B										
	A										
	L										
	P										
	S										
	E										
Total Number of Program Staff Meals											
Total Number of 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 participants. I understand that misrepresentation may result in prosecution under applicable state or federal statutes.

_____ Signature–Center/Shelter Representative

_____ Date

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