

Meal Count Tally Sheet for Non-Congregate Meal Services

Summer Food Service Program

Site Name:	Date of Distribution:
Type of Meal: (if providing more than one meal type, select all that are allowed for the site type):	
<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Supper	
Beginning Distribution Time:	Ending Distribution Time:

Section 1: Number of children provided a non-congregate meal(s). Indicate method used: **Tally** **Clicker Counter**

NOTE: If using the clicker counter method, each number does not have to be marked. Enter in the total number of children served in the Section 1 Sub Total.

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	32	33	34	35	36	37	38
39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57
58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76
77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95
96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114
115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133
134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152
153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171
172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190
191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209
210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228
229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247
248	249	250	251	252	253	254	255	256	257	258	259	260			Section 1 Sub Total			

Section 2: Program Adults:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			Total	
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Section 3: Non-Program Adults:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			Total	
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Section 4: Total number of meals served:

A. Number of days' worth of meals provided:	
B. Total number of children served during this distribution from Section 1 Sub Total:	
C. Multiply A and B for total number of meals provided during this distribution for each meal type selected above:	

I (We) CERTIFY that the above counts were obtained as each meal option was served to a child and that each meal counted met all of the requirements set forth in the Summer Food Service Program Agreement, and all other information shown is true and correct.

Signature of site official who prepared this form:	Date
Signature of Site Supervisor	Date