



801 B East I-30 Rockwall, Texas 75087
 Main: 972-772-3200
 Dayhome Fax: 972-203-9429
 Center Fax: 866-380-5488

Coversheet
Complete 1 through 5

Name: _____

Phone: _____

WE:

4. Please transfer page totals from your menu sheets.

1. I have enclosed _____ pages of menus,
 dated _____ through _____

2. Enrollment:

- I qualify to claim my children
- No changes this month
- I have attached _____ new enrollments

Withdraw these children: Date Dropped

3. Please send me:(Circle)

- Enrollment Forms Menus 1-12
- Menus 0-1 Coversheets Envelopes
- Formula Waivers

page	Attend	B	Am	L	Pm	D	Ev
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Totals							
Office only:			OFFICE USE ONLY				
TI							
TII							

5. I certify that the information on this form is true and correct to the best of my knowledge and that I have followed USDA portion requirements and meal pattern guidelines and am only claiming for meals served to enrolled day care children. I only claim my eligible children when enrolled non-resident children are also being claimed. I understand that misrepresentation or withholding of information may result in prosecution under applicable state or federal statutes. I am claiming only those meals recorded daily.
 X _____

Date	Meal Type	# Meals Disallowed	Reason Ineligible (see list below)
OFFICE USE ONLY			

- 1. Missing or ineligible item:
 1.1) Milk 1.2)Meat 1.3)Fruit or Veg 1.4) Bread
- 2. Need 2 foods from 2 different groups.
- 3. Child not enrolled on the program.
- 4. Meals claimed over registered capacity.
- 5. Non-resident child not present at meal service.
- 6. None listed (incomplete).
- 7. You may claim 2 meals, 1 snack or 2 snacks,1 meal & no more.
- 8. Dates from previous or next month may not be included.
- 9. Your report does not match monitor report.
- 10. Your report does not match the parent audit.
- 11. Monitor reported no one home at meal time.
- 12. Doesn't meet infant meal pattern: missing or ineligible component