

801 B East I-30 Rockwall, Texas 75087 Main: 972-772-3200

Dayhome Fax: 972-203-9429 Center Fax: 866-380-5488

Center Fax: 866-380-5488	4	l. Pleas	e tran	sfer page	totals fro	m you	r menu	sheets.
1. I have enclosedpages of menus,	page	Attend	В	Am	L	Pm	D	Ev
datedthrough	1							
	2							
2. Enrollment:	3							
I qualify to claim my children	4							
No changes this month	5							
I have attached new enrollments	6							
Withdraw these children: Date Dropped	7							
	_ 8							
	_ 9							
	_ 10							
	Totals							
3. Please send me:(Circle)	Office only:			OFFICE	E USE ONLY	,		
Enrollment Forms Menus 1-12 Menus 0-1 Coversheets Envelopes Formula Waivers	TI							
	TII							
Date Meal Type # Meals Disa	followed Usenrolled data being claim under appli	SDA portion r by care childrend. I unders cable state o	requirementen. I only tand that if the federal s	nts and meal pa claim my eligible misrepresentatic statutes. I am cl	attern guidelines e children when on or withholding aiming only thos	and am onl enrolled no g of informa e meals red	y claiming fo n-resident ch tion may resi	ge and that I hav r meals served to ildren are also ult in prosecution
OF	FICE	JSE O	NLY					

Coversheet Complete 1 through 5

Name:_

Phone:

- **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