

## After School Food Program Snack and Meal Check-Off Sheets for DROP-IN SITES

Site Name: \_\_\_\_\_ Site #: \_\_\_\_\_ Date: \_\_\_\_\_

Total Snacks Available: \_\_\_\_\_ Total Meals Available: \_\_\_\_\_

**Please write name and place an "X" or "✓" when youth aged 18 & under receive a snack and/or meal.**  
Only one meal and one snack per child per day.

| Name: | Snack | Meal |
|-------|-------|------|
| 1     |       |      |
| 2     |       |      |
| 3     |       |      |
| 4     |       |      |
| 5     |       |      |
| 6     |       |      |
| 7     |       |      |
| 8     |       |      |
| 9     |       |      |
| 10    |       |      |
| 11    |       |      |
| 12    |       |      |
| 13    |       |      |
| 14    |       |      |
| 15    |       |      |
| 16    |       |      |
| 17    |       |      |
| 18    |       |      |
| 19    |       |      |
| 20    |       |      |

**Total Snacks Served:** \_\_\_\_\_ **Total Meals Served:** \_\_\_\_\_

**Total Snacks Leftover:** \_\_\_\_\_ **Total Meals Leftover:** \_\_\_\_\_

By signing below, I certify that the above information is true and accurate.

Printed Name of Person Counting Meals \_\_\_\_\_

Signature of Person Counting Meals \_\_\_\_\_

Date \_\_\_\_\_

