Texas Department of Agriculture

Daily Meal Count and Attendance Record
(Centers and Emergency Shelters)

Form H1535
March 2007

Name of Contracting Organization	Name of Facility	Program 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								Day								Day								Day								Day							
			Date								Date								Date								Date								Date							
			At	B	A	L	P	S	E	R	At	B	A	L	P	S	E	R	At	B	A	L	P	S	E	R	At	B	A	L	P	S	E	R	At	B	A	L	P	S	E	R
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15																																									
Total Number of Program Participants		At																																							
		B																																							
		A																																							
		L																																							
		P																																							
		S																																							
		E																																							
		R																																							
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/Emergency Shelter Representative

_____
Date