Full Month Attendance Worksheet
Alabama Council on Human Relations, Inc,

Phone: (334)821-8336

Claim Month _____

Provider Name _____ Provider ID _____ Phone _____

Attendance/Meal Type

Child's Name	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	Totals

I understand that the menu attendance information stored in Minute Menu must be made available immediately for review by any Sponsor or state Agency staff whe requested. I certify that to the best of my knowledge, this information is accuratein all respects. I also hereby certify that I am not participating in any other USDA Child Care Food Program. I understand that this information is provided in connection with the receipt of federal funds and may be verified. I also understand that deliberate misrepresentation may result in state or federal prosecution.

Signature _____ Date _____