DAY CARE HOME MEAL SERVICE RECORD

Texas Department of Human Services

Form 1539/August 2003

Name of Provider/Facility	Name of Sponsor	Program No.	Month and Year
	CHILD FOOD PROGRAM OF TEXAS	**TX– 101-8284**	

NOTE: You may claim only two meals and one snack (or one meal and two snacks).

SPONSOR USE	CHILD'S NAME	AGE	Day: / Date:	Day: / Date:	Day: / Date:	Day: / Date:	Day: / Date:
	1.		At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S
	2.		At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S
	3.		At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S
	4.		At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S
	5.		At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S
	6.		At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S
	7.		At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S
	8.		At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S
	9.		At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S
	10.		At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S
	11.		At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S
	12.		At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S
	Residential		At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S
	Residential		At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S
	Residential		At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S	At B A L P E S

TOTALS

DAY CARE HOME PROVIDER CERTIFICATION

I CERTIFY that the information on this form is true and correct to the best of my knowledge. I understand that misrepresentation may result in prosecution under applicable state or federal statutes.

Signature—Day Care Home Provider

Date

THIS SHADED SECTION IS FOR SPONSOR USE ONLY

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