

Attendance And Meal Count Form

Karamu Nutrition Program

KNP NUMBER: _____

Attendance:
 Present Absent
 (leave blank)

SHIFT NUMBER: _____

CLAIM MONTH & YEAR: _____

PROVIDER SIGNATURE _____

This Form Is Not Valid Without Signature

AGE:	<small>Office Use Only</small>	AGE:	<small>Office Use Only</small>	AGE:	<small>Office Use Only</small>	AGE:	<small>Office Use Only</small>	AGE:	<small>Office Use Only</small>	AGE:	<small>Office Use Only</small>
CHILD'S FULL NAME		CHILD'S FULL NAME		CHILD'S FULL NAME		CHILD'S FULL NAME		CHILD'S FULL NAME		CHILD'S FULL NAME	

DATE	ATT	BR	AM	LN	PM	DN	EV	ATT	BR	AM	LN	PM	DN	EV	ATT	BR	AM	LN	PM	DN	EV	ATT	BR	AM	LN	PM	DN	EV	ATT	BR	AM	LN	PM	DN	EV
1	1							1							1							1						1							
2	2							2							2							2						2							
3	3							3							3							3						3							
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31	31							31							31							31						31							

ATT	B	AM	L	PM	D	EV	ATT	B	AM	L	PM	D	EV	ATT	B	AM	L	PM	D	EV	ATT	B	AM	L	PM	D	EV	ATT	B	AM	L	PM	D	EV	ATT	B	AM	L	PM	D	EV

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YOUR SIGNATURE ON THIS FORM CERTIFIES THAT THE INFORMATION (RECORDS) SUBMITTED BY YOU TO RECEIVE REIMBURSEMENT FOR MEALS THROUGH THE CACFP ARE COMPLETE AND ACCURATE. IF THE SUBMITTED INFORMATION IS NOT COMPLETE AND ACCURATE, IT MAY BE NECESSARY FOR KARAMU TO DENY ALL OR PART OF YOUR CLAIM. THIS INFORMATION IS BEING GIVEN IN CONNECTION WITH RECEIPT OF FEDERAL FUNDS; THUS YOU AGREE THAT KARAMU OFFICIAL(S) OR TENNESSEE DEPARTMENT OF HUMAN SERVICES OFFICIAL(S) MAY, FOR CAUSE, VERIFY INFORMATION; AND THAT DELIBERATE MISREPRESENTATION MAY SUBJECT YOU TO CACFP TERMINATION AND POSSIBLE PROSECUTION UNDER APPLICABLE STATE AND FEDERAL CRIMINAL STATUTES.

ATT	BR	AM	LN	PM	DN	EV
OFFICE USE ONLY						