

Attendance And Meal Count Form

KNP NUMBER: _____

Karamu Nutrition Program

ATTendance:	
Present <input checked="" type="checkbox"/>	Absent <input type="checkbox"/>
31	(leave blank)

SHIFT NUMBER: _____ CLAIM MONTH & YEAR: _____

PROVIDER SIGNATURE _____

This Form Is Not Valid Without Signature

AGE:		Office Use Only		AGE:		Office Use Only		AGE:		Office Use Only		AGE:		Office Use Only		AGE:		Office Use Only																															
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	ATT	BR	AM	LN	PM	DN	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.