|  |
| --- |
| **SITE MEAL COUNT RECORD**  **Month:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year:** \_\_\_\_\_\_\_\_\_ |

**Seamless Summer Option**

Hawaii Child Nutrition Programs

**SFA Name:** **Site Name:**

Use this form for Open, Restricted Open, and Closed Enrolled Sites. Complete this form by entering the total meal counts from the Daily Meal Count Form(s) for this site. Indicate the type of meal served by checking the box on the top of each section. Enter the total number of meals served to eligible children for the month for each meal type into the Site Claim in HCNP Systems.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Breakfast  Lunch  Snack | | Breakfast  Lunch  Snack | |
| **Date** | **Total Meals Served to Eligible Children** | **Adult Meals** | **Total Meals Served to Eligible Children** | **Adult Meals** |
| 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 |  |  |  |  |
| **Total** |  |  |  |  |