

# CONNECTING KIDS TO MEALS

## MULTI-DAY SFSP **RURAL SNACK** COUNT FORM

SITE:	Date:    /    /    Serve Time:
# Snacks Available from Previous Service:	Phone:
Total # of Snacks Received:	Site Supervisor Name (Print):
Total # of Snacks Available from Previous Service Plus Snacks Received:	Site Server Signature:
What does each kid receive? example (2 snacks)	Dates for snack service: example (June 12th-13th)

1	11	21	31	41	51	61	71	81	91	101
2	12	22	32	42	52	62	72	82	92	102
3	13	23	33	43	53	63	73	83	93	103
4	14	24	34	44	54	64	74	84	94	104
5	15	25	35	45	55	65	75	85	95	105
6	16	26	36	46	56	66	76	86	96	106
7	17	27	37	47	57	67	77	87	97	107
8	18	28	38	48	58	68	78	88	98	108
9	19	29	39	49	59	69	79	89	99	109
10	20	30	40	50	60	70	80	90	100	110

← **Mark with each kid served.**

**TOTAL KIDS SERVED:** \_\_\_\_\_

Meal Type:	# of Days Issued:	Multiplied By:	Total # of kids Served:	Total Snacks Served:
Example: Snack	2	x	25	50
AM Snack	2	x		
PM Snack	2	x		
Total Snacks Served				

Total # of damaged or incomplete Snacks	Total # of leftover Snacks	# of Additional Kids requesting Snacks

**IMPORTANT:** Completed snack count forms must be returned to CKM kitchen, faxed to 1-419-243-9960, texted to 419-508-2400 or sent by email to [DOCS@connectingkidstomeals.org](mailto:DOCS@connectingkidstomeals.org) DAILY or no later than 10:00 a.m.the next Business Day. Failure to return completed snack count forms may result in an interruption of meal service.

**Keep the yellow copy for your records**

**PLEASE DO NOT WRITE NOTES ON THE SNACK COUNT FORM. ALL COMMUNICATION TO CKM SHOULD BE DONE VIA EMAIL AT [DOCS@CONNECTINGKIDSTOMEALS.ORG](mailto:DOCS@CONNECTINGKIDSTOMEALS.ORG) OR PHONE 419-720-1106.**

	Date:	Time:
ANTICIPATED DELIVERY DATE AND TIME:		
MAXIMUM ALLOWABLE SNACKS:		

KITCHEN ONLY:    # Snacks sent to site:    Kitchen Signature:    \_\_\_\_\_