

Name of Contracting Entity (CE) Anita Moreau "Food Program Specialists"		CE ID 01875	Name of Site Mushroom Village	Site #	Date (mm/dd/yyyy) 11/1/17
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Participant's Name	At	Age	Brk	Lu	Snk	Sup	Participant's Name	At	Age	Brk	Lu	Snk	Sup
1 Josiah Lopez	✓	8					24 Amelia Rose	✓	12				✓
2 Gabriel Elbarra	✓	5					25 Sara Torres	✓	11				✓
3 Henry Ford		7					26 Hannah Helms		5				✓
4 Kelly Smoot		9				GM	27						✓
5 Kristin Hayes		12					28						✓
6 Sebastian Carroll		11					29						✓
7 Ivonne Martinez	✓	12					30						✓
8 Dylan Hill		10					31						✓
9 Marissa Winters	✓	7					32						✓
10 Heidi Chang	✓	5					33						✓
11 Dean Cook	✓	8					34						✓
12 Shawn Carter	✓	14					35						✓
13 Eva Phelps	✓	14					36						✓
14 Britney Yau	✓	14					37						✓
15 Aaron Marks	✓	17					38						✓
16 Saale Gomez	✓	14					39						✓
17 Hank Williams	✓	15					40						✓
18 Carlos Herrera	✓	10					41						✓
19 Arden Wallis	✓	8					42						✓
20 Christian Cassell	✓	12					43						✓
21 Tre Shawn Young	✓	7					44						✓
22 Ty Broussard	✓	6					45						✓
23 Joseph Henderson	✓	5					46						✓

Total breakfasts:		Total snacks:		Total Non-Program Meals:	
Total lunches:		Total suppers:	18	Total Program Participants:	18

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible Program participants. I understand that misrepresentation may result in prosecution under applicable state or federal laws.

Signature—Site Representative: Catalina Morales Date: 11/1/17 Page 1 of 1

-if a mistake is made, cross through and initial. No white-out