

SHELTER NAME										WEEK OF										KEY																		
									B-Breakfast, 1-1 <sup>st</sup> Snack, L-Lunch, 2-2 <sup>nd</sup> Snack, S-Supper																													
*CAN CLAIM 3 MEALS <u>OR</u> 2	2 M	EAL	_S a	& 1	SN	IAC	Кр	er R	ESI	DEI	NT (	18	& yo	oun	ger)	per	DA	Y						-														
RESIDENT'S NAME	SUNDAY MONDAY						TUESDAY					WEDNESDAY TH						THURSDAY				FRIDAY					SATURDAY					1						
	DATE DATE							DATE					DATE					DATE				D.	DATE				DATE					TOTALS						
MEAL*	В	1	L	2 S		B 1 L			2 8	В	1	1 L 2		S	B 1 L 2 S			S	B 1 L		L	L 2 S		B 1		1 L 2 S		В	B 1 L		2 S		B 1		L 2		S	
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TOTAL RESIDENT MEALS																																						
MO 580-1460 (3-10)																													1							CAC	FP 22	5-B