COVID 19 PARENT PICK UP MEAL COUNT DOCUMENTATION

Sponsor:_____ **Site:**_____

Parent Name	# of children in household	number of meals served per parent														
		Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
DAILY TOTAL																

A complete and signed “COVID 19 Parent Pick Up” form must be on file for each parent listed.
The “# of children in household” should be the total number of children named on the “COVID 19 Parent Pick Up” form.
The date should be written in the box under “Date”. The total number of meals each parent received should be written in the column beside their name.
Submit this form weekly to SNP along with other meal documentation.