Use your "Mouse" or "Tab" key to move through the fields. You must use the mouse to mark check boxes. After completing last field, save document to make future updates or click print button

ILLINOIS STATE BOARD OF EDUCATION
Nutrition Programs Division
100 North First Street, W-270
Springfield, IL 62777-0001

Emergency Shelter
Meal Participation Record (MPR)

Meal Service

- ☐ Breakfast
- ☐ AM Snack
- ☐ Lunch
- ☐ PM Snack
- ☐ Supper

Instructions:

Print this document to record meal counts at the time the meal is served; and if you would like, you can transfer those recorded meals to this electronic document by placing a '1" in each box when a meal was served. It will automatically total the daily and monthly meal counts for you.

1. Mark the appropriate *Meal Service*. A separate Meal Participation Record (MPR) should be used for each meal service.
2. Fill in *Month/Year* and *Emergency Shelter Name*.
3. The MPR should list first and last names of children/disabled persons to be served. For security reasons domestic violence shelters may use first names or a coding system to identify children at the facility. The person recording the meals on this document must know the coding system for each child.
4. You may claim up to three meal services per child/disabled person per day.

MONTH/YEAR

EMERGENCY SHELTER NAME

Name of Child/Disabled Person	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
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DAILY TOTALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Print Reset Form