



Date	Meal (Breakfast, Lunch, Dinner)	No. of People	Relationship (Check off) (Child, Parent(s), Sibling(s), if under 18 indicate number	Amount Requested *
SAMPLE 2/13/07	<input type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Lunch <input type="checkbox"/> Dinner	SAMPLE 4	<input type="checkbox"/> Child <input type="checkbox"/> Parent(s) <input type="checkbox"/> Sibling(s) under 18 <u>  1  </u>	SAMPLE \$ 32.00
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner		<input type="checkbox"/> Child <input type="checkbox"/> Parent(s) <input type="checkbox"/> Sibling(s) under 18 <u>      </u>	\$
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner		<input type="checkbox"/> Child <input type="checkbox"/> Parent(s) <input type="checkbox"/> Sibling(s) under 18 <u>      </u>	\$
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner		<input type="checkbox"/> Child <input type="checkbox"/> Parent(s) <input type="checkbox"/> Sibling(s) under 18 <u>      </u>	\$
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner		<input type="checkbox"/> Child <input type="checkbox"/> Parent(s) <input type="checkbox"/> Sibling(s) under 18 <u>      </u>	\$
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner		<input type="checkbox"/> Child <input type="checkbox"/> Parent(s) <input type="checkbox"/> Sibling(s) under 18 <u>      </u>	\$
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner		<input type="checkbox"/> Child <input type="checkbox"/> Parent(s) <input type="checkbox"/> Sibling(s) under 18 <u>      </u>	\$
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner		<input type="checkbox"/> Child <input type="checkbox"/> Parent(s) <input type="checkbox"/> Sibling(s) under 18 <u>      </u>	\$
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner		<input type="checkbox"/> Child <input type="checkbox"/> Parent(s) <input type="checkbox"/> Sibling(s) under 18 <u>      </u>	\$
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner		<input type="checkbox"/> Child <input type="checkbox"/> Parent(s) <input type="checkbox"/> Sibling(s) under 18 <u>      </u>	\$
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner		<input type="checkbox"/> Child <input type="checkbox"/> Parent(s) <input type="checkbox"/> Sibling(s) under 18 <u>      </u>	\$
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner		<input type="checkbox"/> Child <input type="checkbox"/> Parent(s) <input type="checkbox"/> Sibling(s) under 18 <u>      </u>	\$

\* Amount should agree with amount requested on front page.

**Family Support Program Policy approved on September 2006.**

Receipts for meals must include the number of people who were included on the bill, who they were (e.g. eligible child, parent(s), number of siblings under 18), and the meal purchased (e.g. breakfast, lunch, dinner.)