ALTERNATE FORMS CHECKLIST

H1530B Daily Meal Production Record for At Risk Afterschool

Check the box by each required data element as you include that element in the design of your alternate form:

- Name of form: Identify the form, either with the name of the form, or by “Alternate Form No. H1530B.” Remove all references to HHSC from the form
- Name of contractor
- Name of facility (only required for multiple facilities or if the facility name differs from contractor)
- Agreement number (this is the same as the TX number)
- Dates covered
- Day of meal service
- Food components
- Menu(s)
- Food items used
- Quantity used
- Planned participation program meals
- Planned participation non-program meals
- Instructions – detailed instructions must include the following:
  - References to HHSC: remove all references to HHSC from the instructions to the Alternate Form
  - When to prepare
  - Transmittal
  - Form retention
  - Detailed instructions match form