ALTERNATE FORMS CHECKLIST

H1535 Daily Meal Count and Attendance Record

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. H1535.” 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)
❑ Month and year
❑ Participant’s name
❑ Participant’s age
❑ Day and date of service
❑ Attendance (capture separate from meal count)
❑ Approved meal types
❑ Total number of program participants
❑ Total number of program staff meals
❑ Non-program meals
❑ Certification statement (as it appears on HHSC Form H1535
❑ Signature (person signing the form)
❑ Date (of signature)
❑ Page (page (____of____))
❑ 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 (consistent with your Alternate Form)