ALTERNATE FORMS CHECKLIST

1535 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. 1535.” Remove all references to TDHS 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 TDHS Form 1535
- Signature (person signing the form)
- Date (of signature)
- Page (page (___of ___)
- Instructions – detailed instructions must include the following:
  - References to TDHS: remove all references to TDHS from the instructions to the alternate form
  - When to prepare
  - Transmittal
  - Form retention
  - Detailed instructions (consistent with your Alternate Form)