ALTERNATE FORMS CHECKLIST

H1539 (Page 1) Day Care Home Meal Service 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. H1539, Page 1.” Remove all references to HHSC from the form.
- Name of facility
- Sponsor name
- Agreement number (this is the same as the TX number)
- Month and year
- For Sponsor Use Only (space to capture tiering data)
- Child’s name
- Residential/provider’s own child
- Age/date of birth
- Day and date of service
- Attendance (capture separate from meal counts)
- Approved meal types
- Total Tier I meals
- Total Tier II meals
- Certification statement (as it appears on Page 1 of HHSC Form H1539)
- Signature (of person signing the form)
- Date (of signature)
- 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)