ALTERNATE FORMS CHECKLIST

H1539 (Page 2) Menus

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 2.” Remove all references to HHSC from the form.
❑ Food components
❑ Approved meal types
❑ Day and date of service
❑ Food items used
❑ Quantity used (optional)
❑ Certification statement (as it appears on Page 2 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)