

# SARCOA Area Agency on Aging INELIGIBLE MEALS PAYMENT FORM

*Use for Ineligible Meals between Oct 1, 2024 and Sep 30, 2025*

Date: \_\_\_\_\_ Senior Center: \_\_\_\_\_

Week of: \_\_\_\_\_

# of Ineligible Meals:	C1(Center)	C2 (Home)	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Total Ineligible Meals  

Amount Submitted: \_\_\_\_\_

Cost Per Meal \$ 5.80

C1 Meals # \_\_\_\_\_ \$ \_\_\_\_\_

C2 Meals # \_\_\_\_\_ \$ \_\_\_\_\_

Total Amount Submitted \$                     

Report Submitted by:

\_\_\_\_\_  
Name Date

Payment made to: SARCOA, 1075 S. Brannon Stand Rd, Dothan, AL 36305

Note: Payments to be made from local funds only; may not be made from Title III Aging Account.

- 1 Mark Ineligible meal certification
- 2 Complete this form and submit to us with a check.