

SARCOA Area Agency on Aging INELIGIBLE MEALS PAYMENT FORM

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

Date: _____ Senior Center: _____

Week of: _____

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

Total Ineligible Meals		
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Amount Submitted: _____

Cost Per Meal \$ 5.78

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.

N:\AGENCY\MEALS\Ineligible Meals