SARCOA Area Agency on Aging
INELIGIBLE MEALS PAYMENT FORM

Use for Ineligible Meals between ***Oct 1, 2025*** *and* ***Sep 30, 2026***

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 $ 6.00

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.

SARCOA 2/07 rev 11/25

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