ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Children and Family Services

Meal Authorization Log for "FEED THE KIDS" Program

Date	P.O. #	Vendor	Voucher Number	Client SS#/ or Case #	Type of Case: *See List Below	Authorized Amount	Name of Worker	Area Director Approval

Enter "F" or "P" or "S" above under "Type of Case": F=Foster Care / P= Protective Service / S = Supportive Service