

# CHILD NUTRITION PROGRAM OF SOUTHERN CALIFORNIA

## MONTHLY CLAIM INFORMATION SHEET

*This form must be submitted with your monthly claim.*

*Reimbursement will not be made for exceptions if received after your claim is submitted.*

Claim Month/Year	Provider ID#	Provider Name	Provider Phone #

**WITHDRAW THE FOLLOWING CHILDREN (they are no longer in my care) : \*\*\*If needed, use a second form\*\*\***

Last Day Claimed	Child's #	Child's Name	

**LIST SCHOOL AGE CHILDREN (INCLUDING CHILDREN WHO ATTEND PRESCHOOL) WHO WERE CLAIMED FOR AN A.M. SNACK OR LUNCH DURING THIS MONTH'S CLAIM: \*\*\*If needed, use a second form\*\*\***

All Dates <small>(example: 6/1-6/11 or if individual days 6/25, 6/30)</small>	Child's #	Child's Name	Off Track	Min Day	Sick	School break/holiday	Other
			<input type="checkbox"/> off track	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school break/holiday	<input type="checkbox"/> other (explain) _____
			<input type="checkbox"/> off track	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school break/holiday	<input type="checkbox"/> other (explain) _____
			<input type="checkbox"/> off track	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school break/holiday	<input type="checkbox"/> other (explain) _____
			<input type="checkbox"/> off track	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school break/holiday	<input type="checkbox"/> other (explain) _____
			<input type="checkbox"/> off track	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school break/holiday	<input type="checkbox"/> other (explain) _____
			<input type="checkbox"/> off track	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school break/holiday	<input type="checkbox"/> other (explain) _____
			<input type="checkbox"/> off track	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school break/holiday	<input type="checkbox"/> other (explain) _____
			<input type="checkbox"/> off track	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school break/holiday	<input type="checkbox"/> other (explain) _____
			<input type="checkbox"/> off track	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school break/holiday	<input type="checkbox"/> other (explain) _____
			<input type="checkbox"/> off track	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school break/holiday	<input type="checkbox"/> other (explain) _____

**MY MEAL TIMES CHANGES:**

Please write in any meal times changes below.

Breakfast \_\_\_\_\_ Am Snack \_\_\_\_\_ Lunch \_\_\_\_\_

PM Snack \_\_\_\_\_ Dinner \_\_\_\_\_ Eve Snack \_\_\_\_\_

**MEAL TIME REMINDERS:**

- There must be a minimum of two hours between the beginning of one meal service and the beginning of another meal service when snacks are served.
- If snack is not served between major meals: there must be a minimum of three hours between the serving of major meals.
- Breakfast must be served before 9:00 am.
- Lunch must be served between 11:00 am and 1:30 pm.
- Dinner must be served between 4:00 pm and 7:00 pm.

**MY HOURS OF OPERATION CHANGES:**

Please write in any time changes below.

Time Open: \_\_\_\_\_

Time Closed: \_\_\_\_\_

**Have You Remembered To:**

- ✓ submit Enrollment Forms for new children in your care?
- ✓ use a #2 pencil on your forms?
- ✓ bubble in month, date, child #, Provider ID # correctly on each menu/attendance form?
- ✓ update any change in your license? (move, capacity, name change) If yes, have you mailed a new license or license profile to the office?
- ✓ list any school age child's information (including pre-school) who were off track, sick, school break/holiday when A.M. Snack and/or Lunch was claimed?

**I certify that the information above is true and correct.**

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date