

Providers claiming with the scannable (bubble) claim forms

document school exceptions for A.M. Snacks and Lunches on the Monthly Claim Information Sheet (MCIS) and mail the Monthly Claim Information Sheet with the claim forms every month.

**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.

3/2014	0012	Terry Goodprovider	619-222-1234
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	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 (example: 6/11—6/11 or if individual days 6/25, 6/30)	Child's #	Child's Name	Off Track	Min Day	Sick	School break/holiday	Other
Min day - Weds Off - 3/17 thru 3/28	2	CANNON	<input type="checkbox"/> off track <input type="checkbox"/> other (explain) _____	<input checked="" type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input checked="" type="checkbox"/> school break/holiday SPRING BREAK	
Off - 3/17 thru 3/28	3	COLLINS	<input type="checkbox"/> off track <input type="checkbox"/> other (explain) _____	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input checked="" type="checkbox"/> school break/holiday SPRING BREAK	
3/17 - Sick Off - 3/17 thru 3/28	4	JANE	<input type="checkbox"/> off track <input type="checkbox"/> other (explain) _____	<input type="checkbox"/> minimum day	<input checked="" type="checkbox"/> sick	<input checked="" type="checkbox"/> school break/holiday SPRING BREAK	
			<input type="checkbox"/> off track <input type="checkbox"/> other (explain) _____	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school break/holiday	
			<input type="checkbox"/> off track <input type="checkbox"/> other (explain) _____	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school break/holiday	
			<input type="checkbox"/> off track <input type="checkbox"/> other (explain) _____	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school break/holiday	
			<input type="checkbox"/> off track <input type="checkbox"/> other (explain) _____	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school break/holiday	
			<input type="checkbox"/> off track <input type="checkbox"/> other (explain) _____	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school break/holiday	
			<input type="checkbox"/> off track <input type="checkbox"/> other (explain) _____	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school break/holiday	
			<input type="checkbox"/> off track <input type="checkbox"/> other (explain) _____	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school break/holiday	

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.

Terry Goodprovider
Provider's Signature

March 31, 2014
Date