



This Waiver is effective immediately and remains in effect until June 30, 2020, or until expiration of the federally declared public health emergency, whichever is earlier.

Provider Name _____ Provider Number _____

Claim Month _____

Child's Name: _____

Total Number of: B _____ AM _____ L _____ PM _____ D _____ EVE _____

I acknowledge that my child's child care provider has provided us with the number of meals and/or snacks stated above.

Parent/Guardian Signature

Today's Date

Child's Name: _____

Total Number of: B _____ AM _____ L _____ PM _____ D _____ EVE _____

I acknowledge that my child's child care provider has provided us with the number of meals and/or snacks stated above.

Parent/Guardian Signature

Today's Date

Child's Name: _____

Total Number of: B _____ AM _____ L _____ PM _____ D _____ EVE _____

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