

**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 or holidays if received after your claim is submitted.*

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

**WITHDRAW THE FOLLOWING CHILDREN:** Use the back of this form if more room is needed:

Last Day Claimed	Child's #	Child's Name	Last Day Claimed	Child's #	Child's Name

**LIST ALL SCHOOL AGE CHILDREN (INCLUDING CHILDREN WHO ATTEND PRESCHOOL) WHO ATTENDED A.M. SNACK OR LUNCH DURING THIS MONTH'S CLAIM:** Use the back of this form if more room is needed.

Date(s)	Child's #	Child's Name	Off Track	Min Day	Sick	Vacation	Other
			<input type="checkbox"/> off track	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school vacation	<input type="checkbox"/> other (explain) _____
			<input type="checkbox"/> off track	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school vacation	<input type="checkbox"/> other (explain) _____
			<input type="checkbox"/> off track	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school vacation	<input type="checkbox"/> other (explain) _____
			<input type="checkbox"/> off track	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school vacation	<input type="checkbox"/> other (explain) _____
			<input type="checkbox"/> off track	<input type="checkbox"/> minimum day	<input type="checkbox"/> sick	<input type="checkbox"/> school vacation	<input type="checkbox"/> other (explain) _____

**I WAS OPEN ON THIS HOLIDAY DURING THIS MONTH'S CLAIM: (please circle holiday)**

New Year's Day   Memorial Day   July 4<sup>th</sup>   Labor Day   Thanksgiving Day   Christmas Day

**MEAL TIME REMINDERS:**

- Two hours need to elapse between the beginning of one meal service and the beginning of another meal service when snacks are served.
- If no snack is served between major meals: three hours need to elapse 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.

**MEAL TIMES CHANGES:** Please write in any meal times changes below.

Breakfast \_\_\_\_\_ Am Snack \_\_\_\_\_ Lunch \_\_\_\_\_ PM Snack \_\_\_\_\_ Dinner \_\_\_\_\_ Eve Snack \_\_\_\_\_

**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 (including pre-school) exceptions who were off track, sick, on vacation or had a minimum day where lunch was claimed?

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

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

\_\_\_\_\_  
Date