

Provider's Name: _____

Identification Number: _____ # Days Provider Claimed: _____

Children

	# of Active Children this Month		# of Children who Participated this Month*		Total Attendance for the Month**
Tier 1					
Tier 2					

*Number of children participating by tier cannot exceed number of active children by tier.

**Number of reimbursable meals by tier cannot exceed total attendance by tier.

Reimbursable Meals

	Tier 1	Tier 2	Total
Breakfast			
AM Snack			
Lunch			
PM Snack			
Dinner			
EV Snack			

Claim Errors

Date	# Disallowed	Meal Type	Reason Code	Child Name (if applicable)

Reason Codes

- | | | |
|--|---|---|
| A. Meal not creditable | D. School age child at AM snack or lunch | F. Claimed more than license cap |
| B. Missing Menu | E. No formula decision form on file | G. Exceeded daily claim limit |
| C. Provider's child/no day-care child | | |

Processors's Initials: _____ Date: _____