



YOUTH & FAMILY SERVICES

YFS NUTRITION

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CLAIM FORM

Provider Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Claim for Month of: _____ Year _____

Meal Description	Tier I	Tier II	Meal Count	Amount
Breakfast	\$	\$		
Lunch	\$	\$		
Snack	\$	\$		
Supper	\$	\$		
				TOTAL

_____ **Capacity** – Maximum number of children allowed as indicated on registration certificate/license.

_____ **Enrollment** - Record the total number of children enrolled in your child care.

_____ **Business Days** – Number of days open for child care during the month.

_____ **ADA** (Average Daily Attendance) Add up Daily Attendance totals from the meal count form for that month (whether they ate or not), divided by the number of business days for the month (round up to the nearest whole number).

_____ **ADP** (Average Daily Meal Participation) the largest meal count (snack not included) divided by the number of business days for the month (round up to the nearest whole number).

I hereby certify that I have served all meals and snacks being claimed on this form, and that these meals and snacks met Child & Adult Care Food Program requirements for the ages of children being served. I am fully registered as a Child Care Provider.

Provider's Signature _____ **Date** _____

Due in the YFS Nutrition Office by the fourth day of every month.

For Office Use Only: _____ Meal types approved
_____ Block claiming
_____ Children enrolled & days of service compared to total meals claimed

Sponsor's Initial _____ **Date** _____