



YFS NUTRITION SERVICES

PO Box 2813, Rapid City, SD 57709

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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.

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
 _____ Children enrolled & days of service compared to total meals claimed

Sponsor's Initial _____ **Date** _____