YFS NUTRITION
P.O. Box 2813, Rapid City, SD 57709
Angel (605) 341-7205
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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_____