Claim Information Sheet



KidCare Nutrition Sponsor

Before my claim is processed,	KidCare needs to know
-------------------------------	-----------------------

Names/Dates children were ill and didn't attend school, but were claimed for a meal-

Names/Dates of non-school days for school-age children-

Holiday care was provided on the following holiday (circle)- New Year's Day, Easter, Memorial Day, 4th of July, Labor Day, Thanksgiving Day, Christmas Day Child's Name and Date of holiday-

Additional information that may be helpful i	n processing my claim-
Provider signature:	Claim Month: