



# **Provider Training Workbook**

For Providers Using Scannable  
Full Bubble Menus

The Minute Menu system has been designed so that you can quickly and easily record every piece of information required by the USDA Food Program. With a bit of practice you'll soon be able to record an entire meal in only a minute.

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## FORM OVERVIEW

- **Child Enrollment Forms** – filled out and then signed by the parents of each new child you enroll into your care (and subsequently into the food program).
- **Infant Menu Forms** –use for all infants **less than one year** of age to record daily attendance, foods, and meal counts.
- **Child Menu Forms** – use for all children **one year and up** to record daily attendance, foods, and meal counts.
- **Food Chart** – the food chart we issue contains a list of every food that is approved to be served. Each food has a number, and you use that number to record the food served to children on Infant and Regular Menu forms.
- **Claim Information Forms (CIF)** – A new CIF will be provided to you monthly. Use this form to track child numbers and communicate information regarding your claim.

## GENERAL FORM INSTRUCTIONS



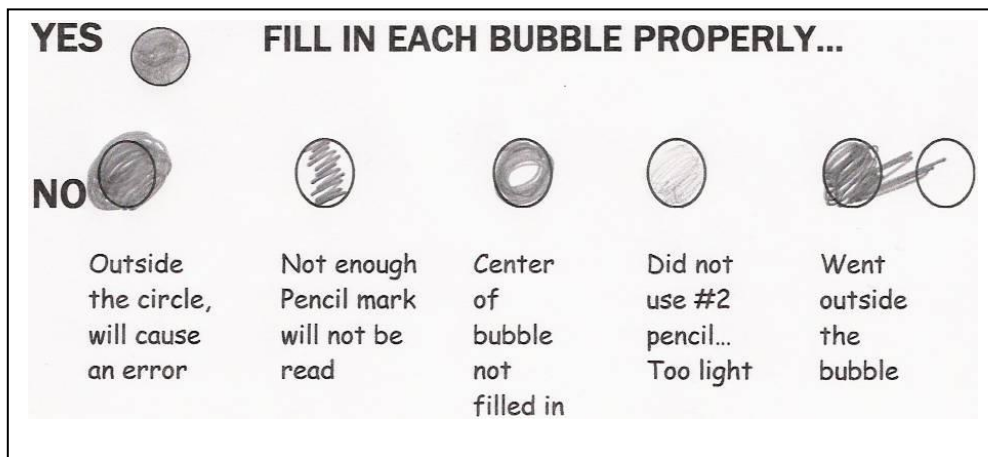
### Do...

- Use a **#2 pencil** to fill out your forms.
- Keep the **carbon copy** of every scannable form you send in.
- Always **sign and date** your forms.
- **Completely** fill in each bubble and stay within the lines.



### Do Not...

- Leave smudges or tear the form when erasing.
- Strike through areas of a form that you want to leave blank. Just leave it blank.
- Write notes on the scannable forms. Instead, write notes on the CIF.
- Staple, fold, or wrinkle a scannable form.





## ENROLLMENT FORMS

The child Enrollment Form is used to enroll new children or update an existing child. A parent must review and sign the form in order for you to receive reimbursements from the Food Program for a child. Send the signed original to us. Be sure to keep the carbon copy for your records.

To fill out the form, go step by step through each corresponding numbered section:

### 1. PROVIDER #:

**Write your Provider # in the white boxes before you bubble it.** Then, in each column, bubble the number for that column. Your provider number is listed on the CIF.

| 1. PROVIDER # |                                  |   |                                  |                                  |                                  |   |   |   |   |   |
|---------------|----------------------------------|---|----------------------------------|----------------------------------|----------------------------------|---|---|---|---|---|
| 2             | 0                                | 1 | <input checked="" type="radio"/> | 3                                | 4                                | 5 | 6 | 7 | 8 | 9 |
| 4             | 0                                | 1 | 2                                | 3                                | <input checked="" type="radio"/> | 5 | 6 | 7 | 8 | 9 |
| 3             | 0                                | 1 | 2                                | <input checked="" type="radio"/> | 4                                | 5 | 6 | 7 | 8 | 9 |
| 0             | <input checked="" type="radio"/> | 1 | 2                                | 3                                | 4                                | 5 | 6 | 7 | 8 | 9 |
|               | 0                                | 1 | 2                                | 3                                | 4                                | 5 | 6 | 7 | 8 | 9 |
|               | 0                                | 1 | 2                                | 3                                | 4                                | 5 | 6 | 7 | 8 | 9 |

Provider # shown is an example.  
This is not *your* Provider #.

### 2. CHILD'S BIRTHDATE

The child's birthday is filled in using two digits for the month, two digits for the day, and two digits for the year (EX: 02/06/17 for February 6, 2017).

**Birthdate:** February 6, 2017

| 2. CHILD'S BIRTHDATE |   |                                  |                                  |                                  |   |   |   |                                  |                                  |   |   |  |
|----------------------|---|----------------------------------|----------------------------------|----------------------------------|---|---|---|----------------------------------|----------------------------------|---|---|--|
| M                    | 0 | <input checked="" type="radio"/> | 1                                |                                  |   |   |   |                                  |                                  |   |   |  |
|                      | 2 | 0                                | 1                                | <input checked="" type="radio"/> | 3 | 4 | 5 | 6                                | 7                                | 8 | 9 |  |
| D                    | 0 | <input checked="" type="radio"/> | 1                                | 2                                | 3 |   |   |                                  |                                  |   |   |  |
|                      | 6 | 0                                | 1                                | 2                                | 3 | 4 | 5 | <input checked="" type="radio"/> | 7                                | 8 | 9 |  |
| Y                    | 1 | 0                                | <input checked="" type="radio"/> | 2                                | 3 | 4 | 5 | 6                                | 7                                | 8 | 9 |  |
|                      | 7 | 0                                | 1                                | 2                                | 3 | 4 | 5 | 6                                | <input checked="" type="radio"/> | 8 | 9 |  |

**Reenrollment/Update Bubble:** fill in this bubble only when renewing or reenrolling an existing child.

REENROLLMENT/UPDATE ☐

### 3. FIRST DAY IN CARE

Record the date the child first attended care in your home OR the 1<sup>st</sup> day of the current month, whichever date is closer to today's date. The date should also be marked with two digits for the month, two for the day, and the last two digits of the year.



#### **4. CHILD'S NUMBER and GROUP**

You must assign each child a number. This number is used on all other forms. You should assign a unique number from 1 to 28 to each child you enroll. Quickly look at your CIF and find a blank row next to a number that has not been used. If you run out of new numbers and need to reuse an old child number, choose the number that has been inactive--unused--for the longest amount of time.

**Write the child's name on a blank line on the CIF.** This way, you can look at the CIF when filling out menus the remainder of this month, and you'll know what number to use for this child.

The number you choose is permanently assigned to this child and cannot be changed until the child has been withdrawn for two months.

Then **mark the child number bubble** as shown below: *note the format: child group – child number*

Child Number: 1-11

Child Number: 1-11

Child Number: 2-12

*Unless you care for more than 28 children, you should always leave the GROUP option blank.*

The prefix of the child number is referred to as the child Group. Note: Group left blank assumes the child should be in the 1<sup>st</sup> group of children. Each month, we will send you a new CIF that lists all of your enrolled children along with their child numbers.

#### **5. CHILD'S NAME**

The child's name box should be filled in from the top down with the first name, the middle initial, and the last name. Make sure to write name in the boxes to fill in the appropriate bubble for that row. Don't forget to write the child's name on the CIF next to the assigned child number.

#### **6. CHILD'S SCHEDULE**

Choose the most applicable times, days and meals of attendance.

#### **7. INFANTS**

If the child being enrolled is an infant (defined as under 1 year of age), you must fill out this section. In the space provided, please write in the brand name of the iron fortified infant formula (IFIF) that you offer to parents – even if the parent is supplying their own formula or breast milk.

#### **8. SCHOOL INFO**

You will only need to fill in this section if the child is attending some type of school.

**School Type:** Mark only one bubble for the type of school most appropriate for the child. If the child is a toddler or preschooler not enrolled in any sort of kindergarten you can leave this section blank.



**Times:** For Times in school, put the normal school depart & return time, based on when the child leaves your home to go to school and returns from school to your home.

**Days:** You only need to mark the child's daily school attendance schedule if the child doesn't normally attend school every day of the week from Monday thru Friday.

**9. ETHNICITY:** Ethnicity & Race is always optional for a parent to indicate, and the categories are defined by federal law.

**10. RACE:** Ethnicity & Race is always optional for a parent to indicate, the categories are defined by federal law. Parents can choose more than one Race.

**11. RELATION:** Please make a note of how the child is related to you. If the child is a day care child, unrelated to you, don't mark anything in this section.

**12. SPECIAL INFORMATION:**

**Special Diet:** If the child requires a special diet as prescribed by a doctor, mark the "Special Diet" bubble. Also bear in mind that if the child does require a special diet, you should send us a copy of the parent/doctor statement on that special diet along with the Enrollment Form.

**Special Needs:** If the child has a disability or special needs, mark the "Special Needs" bubble. Send documentation of the child's special needs with the child enrollment form.

**Non-Participating:** Any child where this bubble is marked will **not** be paid as part of the Food Program.

**13. PAY SOURCE :** Unless you are told by one of our staff to fill this section out, you can ignore it.

**14. PARENT PHONE #**

Fill in applicable phone. Write phone number in spaces provided.  
Fill in corresponding numbered bubbles in the row below spaces.

Be sure the parent supplies the other information requested on the form, including their name, address and phone number. Additional information may be written in the notes section on the back of the form.

And before you send it to us, **make sure the parent has signed the form.** You cannot be paid for a child if we haven't received an accurately filled-out and signed Child Enrollment form!



## FOOD CHART

The color-coded Food Chart is a ready-reference for you that lists every food that qualifies for reimbursement when served to children in your care. We have taken the time to prepare this Food Chart so that it complies completely with the nutritional guidelines of the USDA Food Program, and as long as you serve a food that is on this chart in the appropriate amount and in an appropriate combination with other foods, you can be assured both that the food is nutritionally appropriate for your children and that we won't disallow the meal's reimbursement – so you will get paid.

Review the Food Chart we have provided. Some foods have been noted as appropriate only if served at certain meals. Cereals for example, can only be served at Breakfasts and Snacks.

The Food Chart has been color coded for your convenience.

- Red – Meat and Meat Alternates
- Brown – Bread and Bread Alternates
- Blue – Milk
- Orange – Fruit or Juice
- Green – Vegetable

**These colors correspond to colors on the Regular & Infant Menus.**

Certain Infant Foods have been separated into their own section to help ensure you serve nutritionally appropriate foods to infants in your care. Be sure that when you are recording formula or breast milk served to infants, you use the choices in the Infant Formula section, not the standard Milk section.

Each food on the Food Chart has been given a number. You will use these numbers to record the food on your Child or Infant Menu forms, just like you will use the child numbers from your Child Enrollment form to mark attendance. As you use these forms, you'll start to memorize the numbers of the foods you use most often, so filling out your Child and Infant Menu forms will get easier and easier. Also bear in mind that the foods are listed in alphabetical order (for the most part), so that you can usually find the food you're looking for pretty easily.



## MENU FORMS

The Infant and Child menu forms are used to record all of the meal-specific information required by the USDA Child and Adult Care Food Program (CACFP).

The **Child Form** is used to record meals served to all children **1 year of age or older** as of the meal date.

- There are 3 columns per form (one column per day).
- There are 6 rows (one for each meal/snack).
- Use the Food Chart to bubble in the food number for each meal.
- Use the CIF to bubble in the child number for each child present at each meal.

The **Infant Form** is used to record meals served to all infants **less than 1 year** of age.

- The 0-5 month section is listed first and used to record breastmilk/formula (but no additional foods).
- The 6-11 month section is listed below and can be used to record up to 4 meals/snacks per column.

Each of the meal sections have an area to record both foods and attendance.

### Filling Out the Form: What To Do First?

Every time you pick up a new, blank form, follow these 7 steps:

1. Write your Provider # (in the white boxes).
2. Bubble your Provider #.
3. Sign the Form (turn the form side-ways with the hole punches at the top and you'll see the signature line across the top).
4. Date the form (next to the signature line).
5. Bubble the month.
6. Write the meal date in the 1<sup>st</sup> column.
7. Bubble the Meal Date in the 1<sup>st</sup> column.

### Recording the Meal Date

Each form has three columns, which covers 3 days' worth of meals. At the top of each column, you'll see an area to indicate that column's day. Since you've already marked the month above, you will only need to fill out the two-digit day to indicate the date of the meals in that column. For example, if today is March 23<sup>rd</sup>, 2017, you would have bubbled in March for the month, and in the day column you bubble in two (2) in the first row and three (3) in the second row. (You don't bubble the year anywhere on this form).

**Correct**

**Not Correct**

### Daily Attendance

You must record child attendance each day. Bubble the child number for any child who was in your care for the day, whether they have eaten a meal or not.

Do this by marking each numbered bubble that corresponds to the child numbers. Look at your CIF to determine each child's number, and then bubble in all the numbers needed.









## Milk

Milk only requires one bubble to be marked. *You can only mark one milk.* If a particular child requires a special diet, you will still fill out the Child Form as normal (including marking only one milk), but please note the special diet foods served to that child on the back of your CIF form. Below is an example of how to fill out the Milk bubbles:

### Correct

|      |                                    |                         |                         |                         |                         |                         |                         |                         |                                  |                         |
|------|------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|----------------------------------|-------------------------|
| MILK | <input checked="" type="radio"/> M | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input checked="" type="radio"/> | <input type="radio"/> 9 |
|------|------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|----------------------------------|-------------------------|

In this example, Milk number 8 was marked.

### Not Correct

|      |                                    |                         |                         |                         |                         |                                  |                         |                         |                                  |                                  |
|------|------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|----------------------------------|-------------------------|-------------------------|----------------------------------|----------------------------------|
| MILK | <input checked="" type="radio"/> M | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input checked="" type="radio"/> | <input type="radio"/> 6 | <input type="radio"/> 7 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
|------|------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|----------------------------------|-------------------------|-------------------------|----------------------------------|----------------------------------|

In this example, Milk number 5 and 8 were marked, along with Milk number 9.  
Only **one** milk can be marked.



## INFANT FORM

On the Infant Menu, there are 2 separate age groups: 0-5 months and 6-11 months.

### 0-5 Months

1. **MEAL:** Bubble the meal(s) you are recording (BALPDE).
2. **SERVED TO:** Bubble the child numbers of the infants who attended the meal. Use the CIF to determine the child numbers.
3. **BREASTMILK/FORMULA:** Use the food chart to record the food number of the type of breastmilk/formula served. Mark only one number on this row. For infants that had a different milk type than the others, move to the next available section for infants 0-5 months.

|                     |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|---------------------|----|----|----|----|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MEAL:               | B  | A  | L  | P  | D | E |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| SERVED TO:          | 1  | 2  | 3  | 4  | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| BREASTMILK/FORMULA: | 11 | 12 | 13 | 14 |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

The same section can be used as long as the same children attended the same meals and had the same breastmilk/formula option.

If different children have different breastmilk/formula or did not all attend the same meals, use a new row.

### **EXAMPLE #1: Same infants, same meals, same breastmilk/formula option.**

Breakfast, AM Snack, and Lunch were served. Infants #2, 4, and 5 attended all of the same meals. Breastmilk/Formula option #12 was offered to all infants.

|                     |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|---------------------|----|----|----|----|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MEAL:               | B  | A  | L  | P  | D | E |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| SERVED TO:          | 1  | 2  | 3  | 4  | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| BREASTMILK/FORMULA: | 11 | 12 | 13 | 14 |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

### **EXAMPLE #2: Some infants attended meals that others did not.**

For Breakfast and AM Snack child #2,3, and 4 were present. All children were offered breastmilk/formula option #12.

For Lunch, child #2 and 3 were present (child #4 left for the day). All children were offered breastmilk/formula option #12.

For PM Snack, only child #2 was present.

|            |                     |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|------------|---------------------|----|----|----|----|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 0-5 MONTHS | MEAL:               | B  | A  | L  | P  | D | E |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|            | SERVED TO:          | 1  | 2  | 3  | 4  | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|            | BREASTMILK/FORMULA: | 11 | 12 | 13 | 14 |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|            | MEAL:               | B  | A  | L  | P  | D | E |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|            | SERVED TO:          | 1  | 2  | 3  | 4  | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|            | BREASTMILK/FORMULA: | 11 | 12 | 13 | 14 |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|            | MEAL:               | B  | A  | L  | P  | D | E |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|            | SERVED TO:          | 1  | 2  | 3  | 4  | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|            | BREASTMILK/FORMULA: | 11 | 12 | 13 | 14 |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |



### EXAMPLE #3: Infants attended the same meal but had different breastmilk/formula.

For Breakfast child #1, 2, and 3 were present. However, only child #1 and 2 had the same breastmilk/formula option (#12). Therefore child #3, who was served milk option #13, was recorded for breakfast in the next available section (separately from the others).

|   |  |
|---|--|
| MEAL: <input checked="" type="radio"/> B <input type="radio"/> A <input type="radio"/> L <input type="radio"/> P <input type="radio"/> D <input type="radio"/> E  |  |
| SERVED TO: <input checked="" type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 |  |
| <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28                         |  |
| BREASTMILK/FORMULA: <input type="radio"/> 11 <input checked="" type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14  |  |
| MEAL: <input type="radio"/> B <input type="radio"/> A <input type="radio"/> L <input type="radio"/> P <input type="radio"/> D <input type="radio"/> E   |  |
| SERVED TO: <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14            |  |
| <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28                         |  |
| BREASTMILK/FORMULA: <input type="radio"/> 11 <input type="radio"/> 12 <input checked="" type="radio"/> 13 <input type="radio"/> 14  |  |

If the space is needed, meals for the same day may be recorded in the next available column. Be sure to record the meal date at the top of the next available column. For example if all infants have different breastmilk/formula options, it may be necessary to record meals in the next column for the same day.

### 6-11Months

1. **MEAL:** Bubble the meal you are recording (select ONLY ONE meal). To record additional meals, move to the next section. There are 4 sections per column.
2. **SERVED TO:** Bubble the child numbers of the infants who attended the meal. Use the CIF to determine the child numbers.
3. **MEAT, BREAD, VEG, FRUIT:** Use the food chart to record the food numbers of each component.
4. **BREASTMILK/FORMULA:** Use the food chart to record the food number of the type of breastmilk/formula served. Mark only one number on this row. With one exception, if a child is served special provision milk, that may be marked on the same row.

|   |   |           |                 |             |
|---|---|-----------|-----------------|-------------|
| MEAL: <input type="radio"/> B <input type="radio"/> A <input type="radio"/> L <input type="radio"/> P <input type="radio"/> D <input type="radio"/> E |   | SERVED TO |                 |             |
| MEAT OR ALT   | 1 | 0         | 1 2 3 4 5 6 7 8 | 1 2 3 4     |
|   | 2 | 0         | 1 2 3 4 5 6 7 8 | 5 6 7 8     |
| BREAD OR ALT  | 1 | 0         | 1 2 3 4 5 6 7 8 | 9 10 11 12  |
|   | 2 | 0         | 1 2 3 4 5 6 7 8 | 13 14 15 16 |
| VEG   | 1 | 0         | 1 2 3 4 5 6 7 8 | 17 18 19 20 |
|   | 2 | 0         | 1 2 3 4 5 6 7 8 | 21 22 23 24 |
| FRUIT   | 1 | 0         | 1 2 3 4 5 6 7 8 | 25 26 27 28 |
|   | 2 | 0         | 1 2 3 4 5 6 7 8 |             |
| BREASTMILK/FORMULA: <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14                               |   |           |                 |             |

### EXAMPLE

Breakfast was served to infants #6, 7, and 9.  
Meat/Alt #12 was served.  
Fruit #113 was served.  
Breastmilk/Formula #11 was served.

Lunch was served to infants #6, 7, and 9.  
Meat/Alt #31 was served.  
Bread #122 was served.  
Veg #65 was served.  
Breastmilk/Formula #11 was served.

|             |  |   |           |                 |             |
|-------------|--|---|-----------|-----------------|-------------|
| 6-11 MONTHS | MEAL: <input checked="" type="radio"/> B <input type="radio"/> A <input type="radio"/> L <input type="radio"/> P <input type="radio"/> D <input type="radio"/> E |   | SERVED TO |                 |             |
|             | MEAT OR ALT  | 1 | 0         | 1 2 3 4 5 6 7 8 | 1 2 3 4     |
|             |  | 2 | 0         | 1 2 3 4 5 6 7 8 | 5 6 7 8     |
|             | BREAD OR ALT   | 1 | 0         | 1 2 3 4 5 6 7 8 | 9 10 11 12  |
|             |  | 2 | 0         | 1 2 3 4 5 6 7 8 | 13 14 15 16 |
|             | VEG  | 1 | 0         | 1 2 3 4 5 6 7 8 | 17 18 19 20 |
|             |  | 2 | 0         | 1 2 3 4 5 6 7 8 | 21 22 23 24 |
|             | FRUIT  | 1 | 0         | 1 2 3 4 5 6 7 8 | 25 26 27 28 |
|             |  | 2 | 0         | 1 2 3 4 5 6 7 8 |             |
|             | BREASTMILK/FORMULA: <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14  |   |           |                 |             |
| 6-11 MONTHS | MEAL: <input type="radio"/> B <input type="radio"/> A <input checked="" type="radio"/> L <input type="radio"/> P <input type="radio"/> D <input type="radio"/> E |   | SERVED TO |                 |             |
|             | MEAT OR ALT  | 1 | 0         | 1 2 3 4 5 6 7 8 | 1 2 3 4     |
|             |  | 2 | 0         | 1 2 3 4 5 6 7 8 | 5 6 7 8     |
|             | BREAD OR ALT   | 1 | 0         | 1 2 3 4 5 6 7 8 | 9 10 11 12  |
|             |  | 2 | 0         | 1 2 3 4 5 6 7 8 | 13 14 15 16 |
|             | VEG  | 1 | 0         | 1 2 3 4 5 6 7 8 | 17 18 19 20 |
|             |  | 2 | 0         | 1 2 3 4 5 6 7 8 | 21 22 23 24 |
|             | FRUIT  | 1 | 0         | 1 2 3 4 5 6 7 8 | 25 26 27 28 |
|             |  | 2 | 0         | 1 2 3 4 5 6 7 8 |             |
|             | BREASTMILK/FORMULA: <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14  |   |           |                 |             |



### **Finishing an Infant or Regular Menu Form**

On the side of the form near the signature blank, you'll also notice 6 blank spaces:

B\_\_\_\_\_ AM\_\_\_\_\_ L\_\_\_\_\_ PM\_\_\_\_\_ D\_\_\_\_\_ EV\_\_\_\_\_

If your meal times are changing, please note new meal times in these spaces, if requested from your sponsor.

### **CLAIM INFORMATION FORM (CIF)**

The CIF contains a list of all active children and their child numbers and other relevant information.

Make sure you never use the same number for two different children that are in your care at the same time. Each CIF should contain one child per child number – never double up.

### **Enrolling a New Child and using the CIF,**

Write the new child's name next to an unused number on the CIF. This will help you keep track of that child and the child's number when filling out forms during the rest of the month. After you send your monthly claim forms into our offices, we'll send you out a CIF with the newly-enrolled child printed on it.

### **Recording Special Information on the CIF**

- Open on Holidays: Record any holiday dates that you were open for business in the space provided.
- Children Starting School: If you have a child who is starting school, please communicate that to us here. Write the child number for any child starting school at a particular level, and indicate which School Level the child is attending (using a code from the Legend).
- Children Withdraw from Care: If a child withdraws from your care during the month, indicate the child number, the last date in care, and the reason for the withdrawal in the space provided.
- School Aged Children Attend AM Snack or Lunch: School-aged children should typically be attending school when AM Snack or Lunch is being served. If you serve a school-aged child during AM Snack or Lunch at any time during the month (and it's not during the summer holidays), provide a reason why that child wasn't in school along with the relevant date(s).

### **Using the CIF your first two months**

If new to the food program, we won't know the children that are enrolled in your care and will not be able to issue you a pre-printed CIF with all of your children listed. Have a couple of blank CIF for use during the first two months. Fill them out or make a copy, Make sure they both contain the exact same list of children.

Send one copy of these hand-written CIFs into our offices with your first claim, and the other for the second month. By then, you should have received the pre-printed CIF for your next month's claim. We will continue to send you a new CIF every month from then on. Don't forget to write any notes on those CIFs that affects your claim.



## Monthly Checklist

Before mailing your claim for reimbursement to your sponsor:

- ✓ Did you include your **CIF** (Claim Information Form)?
  - Note children withdrawn
  - Note school aged children out of school and attending during school hours
  - Note anything else we should know
- ✓ Is your **provider #** filled in on every form page?
- ✓ Is the **menu month** filled in on each menu form page?
- ✓ Have you filled in each day column with the **correct date** on your menus?
- ✓ Have you filled in **daily attendance** for each day?
- ✓ Have you filled in every **food item** on each meal you served?
- ✓ Have you indicated which meals had a **whole-grain** on non-infant menus?
- ✓ Have you filled in **meal counts** for each meal you served?
- ✓ Have you **signed** all the menu forms?
- ✓ Did you have any **new child enrollment forms**? If so, did you write the child's name and number on your CIF and have the parent sign the form?
- ✓ Did you **keep the carbon copies** of every page for your records?

Place all claim paperwork in a large manila envelope in the following order each month:

- Claim Information Form (CIF)
- Any new child enrollment forms
- Infant Forms
- Child Forms