Claim Information Form (CIF)

You must return this with your claim forms each month

_______________ Monitor: ________ **Provider ID:** ______ Tier: ___
_______________ License: ________ Phone: (____)_______ Capacity: ___
_______________ License Exp: ________ County: ______ Tier Exp: ___/___/__

		Status	DOB	DOE	Age	Relation	Sp Needs	Sp Diet	Sex	School Level	School District
1							☐	☐			
2							☐	☐			
3							☐	☐			
4							☐	☐			
5							☐	☐			
6							☐	☐			
7							☐	☐			
8							☐	☐			
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27							☐	☐			
28							☐	☐			
29							☐	☐			
30							☐	☐			
31							☐	☐			
32							☐	☐			

Open on Holiday: Date(s) : ____________ Holiday(s) : ________ Child(ren) now w/Doctor's Statement: # ________

Children Starting Kindergarten/1st Grade: # _____ Grade : ___ # _____ Grade : ___ # _____ Grade : ___

Children leaving your care:

Name: ________________ # ___ Last Day in Care : ___ /___ /___

Name: ________________ # ___ Last Day in Care : ___ /___ /___

List all school aged children who attended AM Snack or Lunch:

___ Reason : ____________________ Date : ___ /___ /___

___ Reason : ____________________ Date : ___ /___ /___

___ Reason : ____________________ Date : ___ /___ /___

Legend

Relation

- O - Own Children
- F - Foster Children
- R - Related, Non-Resident
- N - Not Related
- H - Helpers Child

Status

- A - Active
- P - Pending
- W - Withdrawn

School Level

- A - A.M. Kindergarten
- D - A.M. Head Start
- H - Home School
- K - Kindergarten
- L - All Day Head Start
- M - P.M. Kindergarten
- N - No School
- P - P.M. Head Start
- S - School Age
- Y - Year Round School

Signature: ________________________ Date: ___ /___ /______