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	Pay Source	School Level	Formula	
1							☐	☐				
2							☐	☐				
3							☐	☐				
4							☐	☐				
5							☐	☐				
6							☐	☐				
7							☐	☐				
8							☐	☐				
9							☐	☐				
10							☐	☐				
11							☐	☐				
12							☐	☐				
13							☐	☐				
14							☐	☐				
15							☐	☐				
16							☐	☐				
17							☐	☐				
18							☐	☐				
19							☐	☐				
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21							☐	☐				
22							☐	☐				
23							☐	☐				
24							☐	☐				
25							☐	☐				
26							☐	☐				
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 : ____/____/_____

Provider's Own Children Not in Care:

____ Date : ____/____/_____ # ____ Date : ____/____/_____

____ Date : ____/____/_____ # ____ Date : ____/____/_____

Signature: _____ Date: ___/___/_____

Legend

Relation	School Level
O - Own Children	A - A.M. Kindergarten
F - Foster Children	D - A.M. Head Start
R - Related, Non-Resident	H - Home School
N - Not Related	K - Kindergarten
H - Helpers Child	L - All Day Head Start
Status	M - P.M. Kindergarten
A - Active	N - No School
P - Pending	P - P.M. Head Start
W - Withdrawn	S - School Age
	Y - Year Round School