



# Yours for Children, inc.

Fax (508) 721-0919 or email to YFCI@yoursforchildren.com

## Claim Information Form (CIF)

Please complete and return this form *before* your claim.

Provider Name \_\_\_\_\_ Provider # \_\_\_\_\_ Date \_\_\_\_\_

**1. Children leaving your care: Paper Claims Only.**

(Internet providers **you must** withdraw children in KidKare. – Do not use this form.)

Name: \_\_\_\_\_ Last Day in Care: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Last Day in Care: \_\_\_\_/\_\_\_\_/\_\_\_\_

**2. Did you claim any child this month, on a day, or at a meal that is not indicated on their Child Enrollment Form (CEF)? Check your current CEFs, if so, you must write name, reason and date. This is for a temporary change only. Permanent Changes to a child’s schedule require the parent complete a new Child Enrollment Form (CEF)**

Name \_\_\_\_\_ Reason: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Reason: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**3. List all School-Aged children who attended AM Snack or Lunch. Paper Claims Only. For example sickness, school vacations or closures. (Internet providers **you must** click “Sick” or “No School” button in KidKare.)**

Name \_\_\_\_\_ Reason: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Reason: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**4. I have changed my meal service times to start at:**

Breakfast \_\_\_\_:\_\_\_\_ AM Snack \_\_\_\_:\_\_\_\_ Lunch \_\_\_\_:\_\_\_\_

PM Snack \_\_\_\_:\_\_\_\_ Supper \_\_\_\_:\_\_\_\_ \*Eve Snack \_\_\_\_:\_\_\_\_

(\*Pre-approval is required for Evening Snack Reimbursement.)

**5.. My Day Care will be closed from \_\_\_\_\_ thru \_\_\_\_\_**

**Paper Claims Only.**

(Internet providers **you must** code closed days in advance on your KidKare calendar. Do not use this form.)

**YOU MUST KEEP THE YELLOW COPY OF THIS CLAIM INFORMATION FORM IN YOUR YFCI HANDBOOK**