

Response to Claim Summary



Provider's Name _____ ID# _____

Date _____ 4C Specialist Name _____

Response to Claim Summary for _____ (specify claim month)

Please indicate with a check the error to be reviewed. If applicable, attach a copy of your enrollment or program change form (PCF) as proof.

Regular Menu

My error(s) were listed as the following

Missing breakfast item(s)

Milk

Grain

Fruit/Vegetable

Missing lunch/supper item(s)

Milk

Grain

Fruit/Vegetable

Protein

Child claimed on regular menus is under 12 months

Missing am/pm/ev snack(s)

Milk

Fruit/Vegetable

Protein

Grain

Infant Menu

Missing milk or formula

IFIF missing

IFIC missing

Fruit/Vegetable missing

Grain missing

Child claimed on infant menus 12 months or over

General Errors

- ___ More than 6 claimed for Type B provider
- ___ More than 12 claimed for Type A provider
- ___ Day claimed not valid for child number _____
- ___ Date already entered in another column _____
- ___ Child number _____ claimed after dropped date
- ___ Claimed more than 3 meals/snacks for this child _____
- ___ Claimed after **Certificate** or **License** expired
- ___ Day claimed not valid for this Certified or Licensed Provider
- ___ Only residential children served at this meal
- ___ Child claimed before enrollment date
- ___ Child is over 13 years old
- ___ Missing tier information on child number _____
- ___ Child number _____ not observed during home visit
- ___ Children numbers _____, were not present at a meal service
- ___ Provider's own child claimed; invalid income eligibility application (IEA) dates
- ___ Missing tier information on child Number _____
- ___ Meals not valid for child number _____
- ___ Other _____