



Weekend Claim Form Sign-In | Parent Signatures

Provider Name: Ima Werking-Alcott	Provider ID: 1234	Month/Year: January 2020
Provider Email: werkingalcott@sample.net	Weekend Dates: 1/11, 1/12, 1/18, 1/19	Specialist: Sue Staff

Please return this form two days after the last weekend day you provide care for the month

Date	Children's names	Time In	Time Out	Parent Signatures	Phone Numbers
1/11/2020	Megan & Richie Miller	9 a.m.	4:15 p.m.	<i>[Signature]</i>	Work: 123-1234 Home: 123-4567
1/11/2020	Rafi Williams	9:45 a.m.	4 p.m.	<i>[Signature]</i>	Work: N/A Home: 123-4455
1/12/2020	Megan & Richie Miller	9 a.m.	4:15 p.m.	<i>[Signature]</i>	Work: 123-1234 Home: 123-4567
1/12/2020	Rafi Williams	9:45 a.m.	4 p.m.	<i>[Signature]</i>	Work: N/A Home: 123-4455
1/18/2020	Rafi Williams	8:45 a.m.	4 p.m.	<i>[Signature]</i>	Work: N/A Home: 123-4455
1/18/2020	Megan & Richie Miller	9 a.m.	4:15 p.m.	<i>[Signature]</i>	Work: 123-1234 Home: 123-4567
1/19/2020	Rafi Williams	8:30 a.m.	3 p.m.	<i>[Signature]</i>	Work: N/A Home: 123-4455
1/19/2020	Megan & Richie Miller	9 a.m.	4:15 p.m.	<i>[Signature]</i>	Work: 123-1234 Home: 123-4567
					Work: Home:
					Work: Home:

To submit by email: 4cfoodprogram@4cforchildren.org No Blank Space or it will be DENIED
 To submit by fax: 513-758-1321 DO NOT TEXT OR EMAIL TO YOUR INDIVIDUAL SPECIALIST

Revised 1/2020



Weekend Claim Form Sign-In | Parent Signatures

Provider Name: Ima Werking-Alcott	Provider ID: 1234	Month/Year: January 2020
Provider Email: werkingalcott@sample.net	Weekend Dates: 1/11, 1/12, 1/18, 1/19	Specialist: Sue Staff

Please return this form two days after the last weekend day you provide care for the month

Date	Children's names	Time In	Time Out	Parent Signatures	Phone Numbers
1/11/2020	Megan & Richie Miller	9 a.m.	4:15 p.m.		Work: 123-1234 Home: 123-4567
1/11/2020	Rafi Williams	9:45 a.m.	4 p.m.		Work: Home: 123-4455
1/12/2020	Megan & Richie Miller	" "	" "		Work: 123-1234 Home: 123-4567
1/12/2020	Rafi Williams	9:45 a.m.	4 p.m.		Work: Home: 123-4455
1/18/2020	Rafi Williams	" "	" "		Work: Home:
1/18/2020	Megan & Richie Miller	" "	" "		Work: Home:
1/19/2020	Rafi Williams	" "	" "		Work: Home:
1/19/2020	Megan & Richie Miller	" "	" "		Work: home
					work home
					work home
					work home
					work home

To submit by email: 4cfoodprogram@4cforchildren.org No Blank Space or it will be DENIED
 To submit by fax: 513-758-1321 DO NOT TEXT OR EMAIL TO YOUR INDIVIDUAL SPECIALIST

Revised 1/2020

Required Information for Weekend Care

#1 Notify 4C each week

A phone call, fax or email needs to be given anytime Monday through Friday and received before 3:00 pm on Friday prior to the weekend you are doing care.

4cfoodprogram@4cforchildren.org or call 513-758-1337 or fax 513-758-1321

DO NOT TEXT OR EMAIL TO YOUR INDIVIDUAL SPECIALIST

What you need to tell us:

- Provider Name
- Caring for children on Saturday, Sunday or both days
- The actual dates for the weekend providing care

By notifying us each week, this lets us know you anticipate doing care for the particular weekend.

#2 Submit Weekend Sign-In Sheet within two days after the last weekend day you provide care for the month

In order for 4C for Children to verify weekend care and provide reimbursement:

- Parents must sign the weekend sign-in sheet
- The document must be completed in full: date each weekend, time in and out, and phone numbers. **(No Blank spaces or will be DENIED)**
- Weekend sign-in sheets must be turned in monthly via email, fax, mail, or drop off.

This form is required by Ohio Department of Education to verify you had children for the weekends. If this form is received after the final claim for the month has been processed, **it will be denied!**

*You can request a Word document of the **weekend sign-in sheet so you can save it in your computer.**

When you save the Word document on your computer, you can type in the names of the children and type all the phone numbers and save the completed form in your computer. When you are ready to print, type in the dates specifically for the date of that weekend. Then all that is needed is the parent signature. This will save time since you don't need to write in the additional info in each time. Parents should sign in and out each weekend day their child is in care.

To submit by email: 4cfoodprogram@4cforchildren.org

To submit by fax: 513-758-1321

DO NOT TEXT OR EMAIL TO YOUR INDIVIDUAL SPECIALIST