



Monthly Claim Checklist

Center Name _____

Month Claimed _____

Please check the box as you attach the following documents

- Master List (Listing names A-Z)
- Personnel Costs
- CACFP Daily Time Log
- Food/Non Food Cost Worksheet
- Food/Milk Receipts
- Weekly Menu for Children - 5 day
- Infant Weekly Menu - 5 day
- Infant Individual Menu
- Infant Meal Count Recorded by Individual Child
- CN/Child Nutrition Labels (if applicable)
- Vendor Delivery Slips (if applicable)
- Vendor Temperature Logs (if applicable)
- Child Enrollment Forms (for new children)
- Income Eligibility Applications/IEAs (for new children, must be original)
- Infant Meal Parent Preference Letters (if applicable)
- Special Diet form (if applicable)
- New Staff Training within 30 days of hiring (if applicable)

This checklist and all required documentation MUST be received by 4C before the third of each month. Claims received after that will not be processed.

- **FAX 513-758-1321**
- **EMAIL 4Cfoodprogram@4CforChildren.org**
- **Mail or drop off 4C for Children
2100 Sherman Ave. #300 Cincinnati OH 45212**