

CACFP COVER SHEET
DAY CARE CONNECTION
8853 Long, Lenexa, KS 66215, 529-1200

Date _____ Month/Year of Attached Menus _____

NAME *(PLEASE print.)* _____

Add These Kids to My File: _____

Monthly Referral Update:

I have following openings: _____ infant _____ 18 mo-5 yrs _____ school age
_____ full-time _____ part-time _____ drop-in _____ no openings _____ other _____

Infant(s) in Care:

Name _____	Formula+Iron(<i>Brand</i>) _____	or Breastmilk, BM (<i>ck</i>) ____	Developmentally ready to eat solids? Y or N
Name _____	Formula+Iron(<i>Brand</i>) _____	or Breastmilk, BM (<i>ck</i>) ____	Developmentally ready to eat solids? Y or N
Name _____	Formula+Iron(<i>Brand</i>) _____	or Breastmilk, BM (<i>ck</i>) ____	Developmentally ready to eat solids? Y or N
Name _____	Formula+Iron(<i>Brand</i>) _____	or Breastmilk, BM (<i>ck</i>) ____	Developmentally ready to eat solids? Y or N

Comments/Questions/Suggestions:

I certify my menu claim is true & correct to the best of my knowledge. I understand this info. is being given in connection with receipt of federal funds.
Deliberate misrepresentation may subject me to prosecution under applicable state/federal criminal statutes.

Signature X _____ *(required for reimbursement)* USDA is an equal opportunity provider. 9/17