

(staple here)

CACFP COVER SHEET DAY CARE CONNECTION

8853 Long, Lenexa, KS 66215
529-1200

Date _____ Mo/Yr of Attached Menus _____

NAME (Please print.) _____

Add These Kids to My File:

Kids Who Left & Will No Longer Be Listed on My Menus:

Monthly Referral Update (Please check.)

I have following openings:

_____ infant _____ 18 mo-5 yrs _____ school age
_____ full-time _____ part-time _____ drop-in _____ no openings _____ other.

Ages of Own Kids: _____

Infant(s) in Care:

Who _____ Formula+Iron(Brand) _____ or Breastmilk (ck) _____

Who _____ Formula+Iron(Brand) _____ or Breastmilk (ck) _____

Who _____ Formula+Iron(Brand) _____ or Breastmilk (ck) _____

Who _____ Formula+Iron(Brand) _____ or Breastmilk (ck) _____

I certify all infant cereal served is iron-fortified (IFC). (check) _____

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 _____

(This is required for \$ reimbursement!)