



**Family Central's Sponsored Centers CCFP Claim Package Checklist**

**Please Complete & Submit this Checklist with Monthly Claim**

Claim Package **MUST BE RECEIVED BY THE 5<sup>th</sup> OF THE MONTH**

Claim **MUST** be **Complete and Accurate** in order for your claim to be processed.

Submission of incomplete paper work may result in a delay in claim reimbursement to your center.

Month: \_\_\_\_\_  
Year: \_\_\_\_\_

Center: \_\_\_\_\_

\_\_\_\_\_ **Free and Reduced-Price Meal Applications** for newly enrolled children with completed enrollment and child participation information  **KEEP PINK COPIES ONLY**

\_\_\_\_\_ **Center Enrollment Form(s)** with completed enrollment and child participation information—**ONLY** if a Free & Reduced form is not available

\_\_\_\_\_ **Infant Feeding Forms** for all newly enrolled infants  **KEEP YELLOW COPIES ONLY**

\_\_\_\_\_ **Medical Statement and/or Dietary Preference Forms**

\_\_\_\_\_ **Original Personnel Activity Reports (PAR's)**  
**Employee & Supervisor Signatures Required (Please Write Center's Name)**

\_\_\_\_\_ **Original Receipts** for food (including infant foods) and CCFP supplies  
*(Make sure Receipts are securely bound with Clips or in an Envelope with Center's Name)*

\_\_\_\_\_ **Delivery Receipts** from caterer  **KEEP ONE SET FOR YOUR RECORDS**  
**(EVERY Delivery Receipt must have Time, Date, Signatures & Temperatures)**  
*(Please indicate date(s) of any missing delivery receipts) **Missing Receipts** \_\_\_\_\_*

\_\_\_\_\_ **Submitted Claim Online via MMCX / KidKare**

\_\_\_\_\_ **Copy of Monthly Summary Attendance for Subsidized ELC Children & VPK Students** (School Readiness & VPK program)

\_\_\_\_\_ **Self-Prep Centers:**  
**Copies of Menus** for the month *(With substitutions noted if applicable)*

\_\_\_\_\_ **Independent Catered Centers:**  
**Copies of Menus** required only if menu items have been changed

\_\_\_\_\_ **Independent Catered Centers:**  
**Proof of Payment** to caterer for prior month's invoice  
***(Ex: Cancelled check, credit card receipt, EFT advice)***

\_\_\_\_\_  
Center Representative Signature Date

\_\_\_\_\_  
Family Central Staff Signature Date