DIRECTIONS FOR EVENING SNACK, WEEKENDS OR DOUBLE SESSIONS FORM

You have requested this form in order to claim evening snacks, weekends or double sessions. Please read these directions in their entirety so not to delay your approval. Forms not filled out completely will not be approved. Once you have been approved, you will receive an approval letter from us.

Please **<u>DO NOT</u>** mail this form back with your menus, we **<u>MUST</u>** receive it prior to the end of the month that you wish to start claiming for. The earlier we receive this form back, the sooner <u>you</u> can be approved.

Also, please be aware, that by claiming Evening Snacks, Weekends, or Double sessions you will be visited a minimum of 4 times a year, two of which must occur during the meal or snack approval you are requesting.

EVENING SNACKS: If you wish to be approved for evening snacks please complete this form as follows:

- ✓ Fill in your name, city and license number at the top of the form.
- ✓ Write in the names of ALL the children and their ages that you will be claiming for evening snack. Even if you have sent in a form before, all the children's names must be written again.
- ✓ Check off the meals and snacks that each child will be present for under each
 day of the week the child attends.
- ✓ At the bottom of the every meal or snack column, write in the time that meal or snack is served.
- ✓ Write in each child's arrival and departure times.
- ✓ Send this form to Providers Food Program as soon as possible.
- ✓ PLEASE REMEMBER- if at any time you increase the number of children to whom you are feed evening snack, you MUST resubmit a new form. You are only being approved for the number of children on this form you submit.

WEEKEND APPROVAL: If you wish to be approved for reimbursement on the weekend please fill out your form as follows:

- ✓ Fill in your name, city and license number at the top of the form.
- ✓ Write in the names of ALL the children and their ages that you will be claiming for on the weekend.
- ✓ Check off all the meals and snacks that each child will be present for under Saturday, Sunday or both days. You will be approved for either Saturday, Sunday or both days according to how you fill out your request.
- ✓ At the bottom of the every meal or snack column, write in the time that meal or snack is served.
- ✓ Write in each child's arrival and departure times.
- ✓ Send this form to Providers Food Program as soon as possible.
- ✓ PLEASE REMEMBER- If at this time you are only asking to be approved for only 1 day on the weekend, and at some point you are opened on both days, you MUST resubmit a new form. At this time you are only being approved for which days you are filling out.

DIRECTIONS FOR EVENING SNACK, WEEKENDS OR DOUBLE SESSIONS FORM

DOUBLE SESSIONS: Double sessions allow you claim over your licensed capacity for a meal or snack if you feed a child or children a particular meal or snack they leave and other children arrive for the same meal or snack. For instance say you are licensed for 6. You have 3 school age children who arrive at your house early morning, have breakfast and leave for the bus. A little while later you have 5 full time day care children arrive and you feed them breakfast. You have now served 8 children breakfast, but technically you can only claim 6. Double sessions allow you to claim all 8 as long as not all 8 are present at the same time. You may **NEVER** go over your license capacity at any given time. On the form:

- ✓ Fill in your name, city and license number at the top of the form.
- \checkmark On the top half, write in all the names of the children and their ages that you will be serving 1^{st} session meal or snack too.
- ✓ Check off the meals and snacks that each child will be present for under each day of the week the child attends.
- ✓ At the bottom of the every meal or snack column, write in the time that meal or snack is served.
- ✓ Write in each child's arrival and departure times.
- \checkmark One the bottom half, write in all the names and ages of the children you will be eating 2^{nd} shift.
- ✓ Check off the meals and snacks that each child will be present for under each day of the week the child attends.
- ✓ At the bottom of the every meal or snack column, write in the time that meal or snack is served.
- ✓ Write in each child's arrival and departure times
- ✓ Send this form to Providers Food Program as soon as possible.
- ✓ **PLEASE REMEMBER** if at any time you increase the number of children you are feeding double session to, you **MUST** resubmit a new form. You are only being approved for the number of children on this form you are submitting.

Please call the main office with any questions at: 1-800-487-9190

Please return this form to as soon as possible to:

Provider Resources Inc Providers Food Program 800 West Cummings Park Suite 3100 Woburn, MA, 018016355

Provider's Signature:		Evening Sn								CHILD AND ADULT CARE MEAL PLAN													For Office Use Only NAME: APPROVAL NO.:																	
icense No.: Town:													Doul	ouble Sessions Weekend Care DOUBLE SESSION										3 1	APPROVAL NO.:SITE NO:DATE															
FIRST SESSION		_			Bonda	= Bre	akfas	t A =	Morr	ning S uesda	Snack	L=	Lunch	1 P =	After	noon	Snac	k S	= Sup	oper	E = E	venin	g Sn	ack											•			Tin		Time
ENROLLED CHILDREN	Age	*	В	A	L F	S	E	В	A	L	P S	E	В	A	L	P S	y E	В	A	L	P S	S E	E	3 A	L	P	S E	Ē	ВА	Satu	P	S E	В	A	Sund	P S	E	lr		Out
																							1										+	-						
																							+					+												
																		-					+						+					+						
= INDICATES INCOME ELIGIBLE, PROVIDER CHILD	Total CATES INCOME ELIGIBLE, PROVIDER CHILD Me Time Serve																															+					Off Review Area R Date:	ep:	Only	
SECOND SESSION	u						B = E	Brook	fact /	A - N	Mornin	a Sna	ok I	-111	ınch	P = A	florm	oon S	nack	S = 1	Supp		_ Eve	ning	Snao	L											Superv Date:	isor:		
SECOND SESSION		_		N	onda	V		1		uesd		OHMI	T T		Wedn			I		Thur			21 -		Frid		`			Satu	rday				Sund	av		Tin	ne	Time
ENROLLED CHILDREN	Age	*	В	A	L F	S	E	В	A	L	PS	E	В	A	L	P S	E	В	Α	L	P	SE	E	ВА	TL	P	SE		ВА	L	P S	SE	В	A	L	PS	E	Ir		Out
		+	\vdash	+	+	+	-	-	-	+			+		-	+	+	+			+	+	+	+			+	+	+	+			+	+		+	-	-	-	
	-	-		+		+	-						\vdash					+			+		+				+	+	+			+	+			+		-	+	
				+	+		-						\vdash					t					\dagger					1	+			+	\dagger			+		 	+	
				-														\perp					1	1	-			1	-			-	_			_			\perp	
																		\perp					+	+	-			+	+			+	+		H	+			\perp	
	Totals	<u>.</u>			+	-					+							-					+	+	-			+			+	+	+			+				
= INDICATES INCOME ELIGIBLE, PROVIDER	R CHILD	al=> s																																				Suite 800 W Wobu	3100	RESOURCES, mmings Park 01801 90