

Claim Month: \_\_\_\_\_

Provider ID: \_\_\_\_\_

Name: \_\_\_\_\_



### Claim Information Form

Submit this form ONLY when you need to tell us the information below.

Print more forms from the WECA website at [wisconsinearlychildhood.org](http://wisconsinearlychildhood.org), Food Program, Food Program Forms, or call 800-783-9322, ext. 8051 to request forms.

For online submission, visit the WECA website at [wisconsinearlychildhood.org](http://wisconsinearlychildhood.org), Food Program, Online Forms. Complete and submit the form you need.

### To Drop a Child from Care

Wait 60 days after you last claimed the child. Then list the child's ID number, first and last name, and last day in care.

Child#	Child's Name	Child's last day in care

### Child Information Corrections

Child#	Child's Name	Date of Birth	Date Enrolled	*Special codes: PO/RR/FC/RN/SN/D/F

\*Special codes: PO: provider's own; RR: related resident; FC: foster child; RN: related non-resident; SN: special needs; D: special diet; F: formula agreement.

### Provider Information Changes

Address	City	Zip	Phone	Email