



This Waiver is effective immediately and remains in effect until December 31st, 2021, or until expiration of the federally declared public health emergency, whichever is earlier.

**Provider Name:** \_\_\_\_\_ **Provider Number:** \_\_\_\_\_

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

Child's Name: \_\_\_\_\_

Total Number of: B \_\_\_\_\_ AM \_\_\_\_\_ L \_\_\_\_\_ PM \_\_\_\_\_ D \_\_\_\_\_ EVE \_\_\_\_\_

I acknowledge that my child's child care provider has provided us with the number of meals and/or snacks stated above.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Today's Date*

Child's Name: \_\_\_\_\_

Total Number of: B \_\_\_\_\_ AM \_\_\_\_\_ L \_\_\_\_\_ PM \_\_\_\_\_ D \_\_\_\_\_ EVE \_\_\_\_\_

I acknowledge that my child's child care provider has provided us with the number of meals and/or snacks stated above.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Today's Date*

Child's Name: \_\_\_\_\_

Total Number of: B \_\_\_\_\_ AM \_\_\_\_\_ L \_\_\_\_\_ PM \_\_\_\_\_ D \_\_\_\_\_ EVE \_\_\_\_\_

I acknowledge that my child's child care provider has provided us with the number of meals and/or snacks stated above.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Today's Date*

Child's Name: \_\_\_\_\_

Total Number of: B \_\_\_\_\_ AM \_\_\_\_\_ L \_\_\_\_\_ PM \_\_\_\_\_ D \_\_\_\_\_ EVE \_\_\_\_\_

I acknowledge that my child's child care provider has provided us with the number of meals and/or snacks stated above.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Today's Date*