

## Internet Claim Filing Agreement

between Family Child Care Home Provider and *The Alaska Family Child Care Food Program*

Provider Name: \_\_\_\_\_ Provider #: \_\_\_\_\_  
Family Child Care Home Provider

Doing Business As (optional): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ License #: \_\_\_\_\_

I acknowledge that I have been provided with training materials in the use of the Minute Menu WebKIDS Internet claiming program and as of the date of this Agreement, the following will be my responsibility:

1. I will inform *AFCCFP*, in writing, of my desire to discontinue using Minute Menu WebKIDS.
2. Before submitting my monthly CACFP claim information to *AFCCFP*, I will verify:
  - a. All new child enrollments have been finalized.
  - b. All child sick days or school out days have been entered.
  - c. Any days in the month when I have been closed have been specified (assuming I'm normally open those days).
  - d. All meal and attendance information has been accurately entered.
3. I will record my meal and attendance information daily *by the end of the day*. If I'm not doing so directly in the computer, I will keep paper records of this meal and attendance information for review.

I acknowledge that the menu and attendance information stored in the Minute Menu KIDS/WebKIDS system must be made available immediately for review by any Sponsor or State Agency staff when requested. I certify that the information entered into Minute Menu KIDS/WebKIDS is accurate in all respects. I certify that my login and password information is not to be shared with anyone other than the staff of *AFCCFP*. I also understand that the information I enter into Minute Menu KIDS/WebKIDS is provided in connection with the receipt of federal funds and that deliberate misrepresentation may result in state or federal prosecution.

I, the undersigned, CERTIFY that the above information is true and correct to the best of my knowledge and that my signature here serves in lieu of any monthly signature requirement for all Internet claimed meal & attendance information.

\_\_\_\_\_  
Family Child Care Home Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*AFCCFP* Representative

\_\_\_\_\_  
Date