

The Minute Menu System requires that we input provider helper information into the system. If you have a helper, please complete the information below and return this with your menus. This will help prevent some warning messages on your Claim Summary & Error Report for each month. Thank you!

PROVIDER HELPER INFORMATION

DATE _____

CHILD CARE PROVIDER: _____

ADDRESS: _____

TELEPHONE: _____

HELPER'S NAME(S): _____
