

FRAMAX Trustline Participation Form

Provider Name: _____ Provider #: 00 _____

Child Names (from one family) to participate on FRAMAX for meal reimbursement:

Child Name: _____ Start Date: _____

Child Name: _____ Start Date: _____

Child Name: _____ Start Date: _____

Child Name: _____ Start Date: _____

Child Name: _____ Start Date: _____

I understand that all other enrolled children (with the exception of own/foster) will be indicated as "non-participating", and should not be recorded in attendance. Any changes to the selected "participating" family must be done by the last day of the month that the new family is being claimed. This form must be turned in with new Health and Safety Self-Certification forms, and new Child Enrollment Report/Form(s). Only one family switch may be done during each claim month.

Provider Signature

Date

