

## FAMILY DAY HOME MENU DECLARATION

**NAME OF FAMILY DAY HOME** \_\_\_\_\_

I provided meals and snacks for the month of \_\_\_\_\_

Morning snacks consisted of at least 2 food groups • (Yes or No) \_\_\_\_\_

The main mid-day meal consisted of at least 4 food groups • (Yes or No) \_\_\_\_\_

Mid-afternoon snacks consisted of at least 2 food groups • (Yes or No) \_\_\_\_\_

I keep records of both meals and snacks at the family day home available for inspection • (Yes or No) \_\_\_\_\_

### EXTENDED HOUR SERVICES

I provided an evening meal consisting of at least 4 food groups • (Yes or No) \_\_\_\_\_

For children that were in my care during the evening I provided an evening snack consisting of at least 2 food groups  
• (Yes or No) \_\_\_\_\_

For those children who were in attendance in the morning and who had either stayed overnight or come in to early to have eaten I provided a breakfast consisting of at least 3 food groups  
• (Yes or No) \_\_\_\_\_

I declare that to the best of my knowledge and belief the above information is true. I give permission to the Department of Health and Social Services to verify the above information in any way necessary. I further understand that the provision of false or misleading information in this application may result in legal prosecution and/or disqualification from receiving any benefits under the Menu Grant subsidy program, including being barred from any further participation in the Program.

This information is collected under the authority of the **Child Care Act** for the purposes of determining eligibility. Queries should be directed to the Supervisor, Child Care Services Unit, Health and Social Services, H-12, Box 2703, Whitehorse, Yukon Y1A 2C6, (867) 667-3492, or toll free 1-800-661-0408.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_