

Instructions for 2009 CAC 1 Child Care Centers Claim Form

- For claiming meals at **Child Care Centers (includes Child Care, Head Start, Outside School Hours, Homeless Shelter, and At Risk centers)** in **program year 2009**.
- For-profit institutions must complete and attach *Certification of Eligibility of Title XIX and XX* for all for-profit sites.
- **Complete and sign all documents in ink!**

Completing your claim

1. Monthly Claim Section

- **Institution Name** Enter complete name as specified on the Institution Agreement (CAC 2).
- **Agreement Number** Enter correct agreement number.
- **Month/Year Claimed** Enter month and year that claim applies to (example, October 2006).
- **Claim Type** Check either “Original” or “Amended.” An “Amended” claim is for making revisions to a previous claim.

2. Attendance Reporting Section

- **Average Daily Attendance** Compute by dividing the center’s monthly attendance by number of days of operation.
- **Number of Days Meals Served** Enter the highest number of days food service was provided during the claim month.

3. Income Eligibility Section

- Enter the number of **Free, Reduced, Paid, and Total** (Note **Paid = Number Denied + Number with No Applications.**)
- Maintain CACFP Enrollment documentation for all enrolled children.

4. Meals Served Section

- Enter the number of eligible meals served during the claim month for each meal type. Enter in the appropriate category—“Meals Served (excluding Emergency Shelter)”, “Emergency Shelter Meals Served Only”, and “At Risk.” Snacks (supplements) must be recorded by “**AM Snacks,**” “**PM Snacks,**” “**Night Snacks,**” or “**At Risk Snacks.**”
- **Total Meals Served** must equal sum of all meals by meal types.

5. Application of Funds During the Month Section

- Enter institution’s costs by category (Administrative Costs, Operating Costs, Food, Travel, Equipment Depreciation (for purchases over \$5,000), and Other) for **Child Care Center** for **claim month**.
- **These costs must have been approved in annual Administrative Budget (CAC 9).**
- **Total Funds** must equal sum of all monthly costs by cost category.
- You must include decimal points for dollar amounts (example \$100.75)

6. Certification

- Sign (in ink) by an authorized signer only (i.e., signer must be recorded on the *Statement of Authority*).

Mailing your claim

- Mail **original signed** claim and copy of *Certification of Eligibility of Title XIX and XX* (if for-profit) to:

DHHS
Special Nutrition Programs Claims
2032 Mail Service Center
Raleigh, NC 27699-2032

Claim Status and Inquiries Call 866-622-2733 (toll free)