

# Instructions for 2009 CAC 1 Day Care Homes Claim Form

- For claiming meals for **Day Care Homes** in program year **2009**.
- **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

- **Number of Homes Participating** Enter number of homes being claimed for month by tier type and a total.
- **Total Attendance** Enter the total attendance by tier type (Tier I, Tier II (High), Tier II (Low), and Tier II (Mix) and a total.
- **Number of Days Meals Served** Enter the highest number of days food service was provided within claim month for all homes.

### 3. Meals Served Section

- Enter the number of eligible meals served during the claim month for each meal type and tier. Snacks (supplements) must be recorded by “**AM Snacks**,” “**PM Snacks**,” and “**Night Snacks**.”
- **Total Meals Served** must equal sum of all meals for a meal type by tier.

### 4. Allowable Administrative Expenditures

- Enter Sponsoring Organization of Day Care Homes **Allowable Administrative Expenditures** for the **claim month**. These items correspond to budget categories on the Day Care Homes Annual Budget (CAC 8a)—**Administrative Labor**, **Administrative Supplies**, **Administrative Services**, **Travel**, **Training/Education**, and **Total of Indirect Cost**. Please refer to budget to allocate detailed line expenditures to the appropriate category.
- **Total Administrative Expenditures** must equal the sum of all expenditure categories.
- Include decimal points for dollar amounts (example \$100.75).

### 5. Income

- **Income to CACFP Program** Enter total income to CACFP program for the claim month. This includes cash donations, interest earned on advances, and funds received from any other Federal, State or local government sources. Short-term loans and internal transfers to meet cash flow needs are not considered income to the program.
- Include decimal points for dollar amounts (example \$100.75).

### 6. Application of Funds During the Month Section

- **Payment to Homes** Enter the amount paid to day care homes during the claim month.
- Include decimal points for dollar amounts (example \$100.75).

### 7. 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 to:

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

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

Form

**CAC 1 Sponsored Homes** (Effective October 1, 2008)

Fiscal Year

**2009**