

Instructions for 2009 CAC 1 Sponsored Adult Care Centers Claim Form

- For claiming meals at **Adult Care 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).
- **Center Name** Enter complete name as specified on the Center Application
- **Month/Year Claimed** Enter month and year that claim applies to (example, October 2006).
- **Agreement Number** Enter correct agreement number.
- **Center Code** Enter code assigned to this center
- **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 Provided** Enter total number of days food service was provided during the claim month for Adult Care Center.

3. Income Eligibility Section

- Enter the number of **Free, Reduced, Paid, and Total**. (Note **Paid = Number Denied + Number with No Applications**.)
- CACFP Enrollment forms must be maintained for all participants.

4. Meals Served Section

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

5. 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)