

Instructions for 2009 CAC 1 Sponsored 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).
- **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 correct center code.
- **Claim Type** Check either “Original” or “Amended.” An “Amended” claim is for making revisions to a previous claim.

2. Attendance Reporting Section

- **Type of Center Claiming** Indicate type of center being claimed for month.
- **Average Daily Attendance** Compute by dividing the center’s monthly attendance by the number of days of operation.
- **Number of Days Meals Served** Enter the total number of days food service was provided during the claim month.

3. Income Eligibility Section

- Enter the number of **Free, Reduced, Paid,** and **Total** for this center. (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. 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. 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)

Form

CAC 1 Sponsored Child Care Centers (Effective October 1, 2008)

Fiscal Year

2009