

# Instructions for 2012 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 2012.
- 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 Monthly Claim Form

### 1. Institution Information Section

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

### 2. Attendance Reporting Section

- **Number of Sites Claiming** Enter the number “1” in the column matching your program type
- **Average Daily Attendance** Compute by dividing the center’s monthly attendance by number of days of operation.
- **Number of Days Meals were Provided** 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/Homeless Shelter)”, “Emergency/Homeless Shelter Meals Served Only”, and “At Risk (ASCS).” Snacks (supplements) must be recorded by “**AM Snacks,**” “**PM Snacks,**” “**Night Snacks,**” or “**At Risk Snacks.**” At Risk Centers may claim At Risk Meals and At Risk Snacks. Only one At Risk snack and At Risk meal can be served to each eligible participant per day.
- **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 Expenditures, 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)