

Instructions for 2012 CAC 1 Sponsored Day Care Homes Claim Form

- For claiming meals for **Day Care Homes** in program year **2012**.
- **Complete and sign all documents in ink!**

Completing your claim

1. Institution Information Section

- **Institution Name** Enter complete name as specified on the Institution Agreement (CAC 2).
- **Agreement** Enter correct agreement number.
- **Claim Month/Year** Enter month and year that claim applies to (example, October 2006).
- **Provider Name** Enter the complete name as specified on the Day Care Home Provider Site Information
- **Registration Number** Enter the correct registration number specified on the Day Care Home Provider Site Information
- **Claim Month/Year** Enter month and year that claim applies to (example, October 2006)
- **Claim Type** Check either "Original" or "Revision." A "Revision" claim is for making revisions to a previous claim.

2. Attendance Reporting Section

- **Total Number of Days Meals were Provided** Enter the highest number of days food service was provided within claim month for Day Care Homes.
- **Total Attendance** Enter the number of participants that were served at least one meal during the claim month
- **Total Enrollment** Enter the number of participants enrolled for care
- **Average Daily Attendance** Compute by dividing the home's total attendance by the number of days meals were provided

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. 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)