

CACFP Reimbursement Claim for Child Care Centers

1 Monthly Claim Form					
Institution Name	Agreement Number	Claim Month/Year	Claim Type (check one)		
			<input type="checkbox"/> Original <input type="checkbox"/> Amendment		
2 Attendance Reporting					
Description	Child Care	Head Start	Outside School Hours	Homeless Shelter/ES	At Risk (ASCS)
Number of Sites Claiming					
Average Daily Attendance					
Number of Days Meals were Provided					
3 Income Eligibility					
Number of Free	Number of Reduced Price	Number of Paid	Total Eligible		
4 Meals Served					
Description	Meals Served <small>(Exclude Emergency/Homeless Shelters)</small>	Emergency/Homeless Shelter Meals Served Only	At Risk (ASCS)		
Breakfast			XXXXXXXXXXXXXXXXXX		
AM Snacks			XXXXXXXXXXXXXXXXXX		
Lunch			XXXXXXXXXXXXXXXXXX		
PM Snacks			XXXXXXXXXXXXXXXXXX		
Supper			XXXXXXXXXXXXXXXXXX		
Night Snacks			XXXXXXXXXXXXXXXXXX		
At Risk – Breakfast	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX			
At Risk- AM Snacks	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX			
At Risk- Lunch	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX			
At Risk- PM Snacks	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX			
At Risk- Supper	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX			
At Risk- Night Snacks	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX			
Total Meals Served					
5 Application of CACFP Funds During the Month					Amount
Administrative Expenditures					
Operating Costs					
Food					
Travel					
Equipment Depreciation (for purchases over \$5,000)					
Other					
Total					
6 Certification					
<p>I CERTIFY THAT this claim is true and correct; that it is in accordance with the terms of existing Agreement(s); that records are available to support this claim; and that payment has not been previously received. Moreover, if submitting institution is a independent proprietary (“For-profit”) title XX child care center or a sponsoring organization of such centers, for each facility claimed, not less than 25% of the enrolled children or 25% of licensed capacity, whichever is less, were title XX beneficiaries. I further understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes</p>					
<p>Sign Here ► Keep copy for your records</p>					
		Signature of Authorized Representative		Date of Preparation	
		Printed Name of Authorized Representative		Contact Phone Number	