

CACFP Reimbursement Claim for Sponsoring Organization Child Care At Risk Center

1 Institution Information	
Institution Name:	Agreement:
Center Name:	Site Number:
Claim Month/Year:	Claim Type: <input type="checkbox"/> Original <input type="checkbox"/> Amendment # _____

2 At Risk Center Claim	
Number of Days Meal Service Provided	
Total Enrollment	
Average Daily Attendance	

3 Total At Risk Meals Served	
At Risk- Breakfast	
At Risk- AM Snack	
At Risk- Lunch	
At Risk- PM Snack	
At Risk- Supper	
At Risk- Night Snack	

4 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. 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>	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-top: 1px solid black; text-align: center;">Signature of Authorized Representative</td> <td style="width: 40%; border-top: 1px solid black; text-align: center;">Date of Preparation</td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center;">Printed Name of Authorized Representative</td> <td style="border-top: 1px solid black; text-align: center;">Contact Phone Number</td> </tr> </table>	Signature of Authorized Representative	Date of Preparation	Printed Name of Authorized Representative	Contact Phone Number
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