

CACFP Reimbursement Claim for Sponsoring Organization Child Care 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 Child Care Center Claim / Outside School Hours Claim	
Number of Days Meal Service Provided	
Total Enrollment	
Average Daily Attendance	
Free	
Reduced-price	
Paid / Denied / No Application	
Number of children receiving subsidized Title XX child care or eligible for free and reduced price meals (For-Profit Centers Only)	

3 Total Meals Served		
Breakfast	Lunch	Supper

4 Total Snacks Served		
A.M.	P.M.	Evening

5 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>	<table style="width: 100%; border: none;"> <tr> <td style="width: 65%; border-bottom: 1px solid black; text-align: center;">Signature of Authorized Representative</td> <td style="width: 35%; border-bottom: 1px solid black; text-align: center;">Date of Preparation</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Printed Name of Authorized Representative</td> <td style="border-bottom: 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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