North Carolina Department of Health and Human Services
Division of Public Health/Nutrition Services Branch
Special Nutrition Programs

Child and Adult Care Food Program (CACFP)
NC CARES
Toll Free: 866 NC-CARE-3 (Help Desk)

CACFP Reimbursement Claim for Sponsoring Organization of Day Care Homes

❶ Institution Information

Institution Name	Agreement	Claim Month/Year	Claim Type (check one)
			☐ Original ☐ Amendment

❷ Attendance Reporting

Description	Tier I	Tier II (High)	Tier II (Low)	Tier II (Mix)	Total
Number of Homes Participating					
Total Attendance					
Number of Days Meals were Served					

❸ Meals Served

Description	Tier I	Tier II (High)	Tier II (Low)	Total Meals Served
Breakfast				
AM Snacks				
Lunch				
PM Snacks				
Supper				
Night Snacks				

❹ Allowable Administrative Expenditures

Allowable Administrative Expenditures	Amount
Administrative Labor	
Administrative Supplies	
Administrative Services	
Travel	
Training/Education	
Incident Costs	
Total Administrative Expenditures	

❺ Income

Income	Amount
Income to CACFP Program	

❻ Application of CACFP Funds During the Month

Application of CACFP Funds During the Month	Amount
Payment to Homes	

❼ Certification

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.

Sign Here ►
Keep copy for your records

_____ Signature of Authorized Representative

_____ Date of Preparation

_____ Printed Name of Authorized Representative

_____ Contact Phone Number

Instructions for 2013 CAC 1 Sponsored Day Care Homes Claim Form

- For claiming meals for **Day Care Homes** in **program year 2013.**
- **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)