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 Program
Toll Free: 866 NC-CARE-3 (866-622-2733)

CACFP Reimbursement Claim for Sponsoring Organization Child Care Center

❶ Institution Information	
Institution Name:	Agreement:
Center Name:	Site Number:
Claim Month / Year:	Claim Type: ☐ Original ☐ Amendment # _____

❷ 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)	

❸ Total Meals Served		
Breakfast	Lunch	Supper

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

❺ 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. 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.

Sign Here ►
Keep copy for your records

_____ Signature of Authorized Representative

_____ Date of Preparation

_____ Printed Name of Authorized Representative

_____ Contact Phone Number

Instructions for 2015 CAC 1 Sponsored Child Care Centers Claim Form

- For claiming meals at **Child Care Centers (includes Child Care, Head Start, Outside School Hours, Homeless Shelter, and At Risk centers)** in **program year 2015.**
- For-profit institutions must complete and attach ***Certification of Eligibility of Title XIX and XX*** for all for-profit sites.
- **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.
- **Center Name** Enter complete name as specified on the Center Application.
- **Site Number** Enter correct site number **.**
- **Claim Month/Year** Enter month and year that claim applies to (example, October 2006).
- **Claim Type** Check either "Original" or "Amendment." An "Amendment" claim is for making revisions to a previous claim.

2. Child Care Center Claim Section

- **Number of Days Meals Were Provided** Enter total number of days food service was provided during the claim month.
- **Total Enrollment** Enter the center's enrollment count for Child Care Center.
- **Average Daily Attendance** Compute by dividing the center's monthly attendance by number of days of operation.
- Enter the number of **Free, Reduced-price, Paid,** and **Number of children receiving subsidized Title XX child care or eligible for free and reduced price meals** (For-Profit Centers only). (Note **Paid** = **Number Denied** + **Number with No Applications**.
- CACFP Enrollment forms must be maintained for all participants.

3. Total Meals Served Section

- Enter the number of eligible meals served during the claim month for each meal type.

4. Total Snacks Served Section

- Enter the number of eligible snacks (supplements) served during the claim month. Snacks (supplements) must be recorded by "**AM Snacks**," "**PM Snacks**," and "**Evening Snacks**."

5. 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 and copy of ***Certification of Eligibility of Title XIX and XX*** (if for-profit) to:

DHHS
Special Nutrition Programs Claims
2032 Mail Service Center
Raleigh, NC 27699-2032

Claim Status and Inquiries Call 866-622-2733 (toll free)