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 Child Care Centers

Monthly Claim Form

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

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					

Income Eligibility

Number of Free	Number of Reduced Price	Number of Paid	Total Eligible

Meals Served

Description	Meals Served (Exclude Emergency/Homeless Shelters)	Emergency/Homeless Shelter Meals Served Only	At Risk (ASCS)
Breakfast			XXXXXXXXXXXXX
AM Snacks			XXXXXXXXXXXXX
Lunch			XXXXXXXXXXXXX
PM Snacks			XXXXXXXXXXXXX
Supper			XXXXXXXXXXXXX
Night Snacks			XXXXXXXXXXXXX
At Risk - Breakfast	XXXXXXXXXXXXX	XXXXXXXXXXXXX	
At Risk- AM Snacks	XXXXXXXXXXXXX	XXXXXXXXXXXXX	
At Risk- Lunch	XXXXXXXXXXXXX	XXXXXXXXXXXXX	
At Risk- PM Snacks	XXXXXXXXXXXXX	XXXXXXXXXXXXX	
At Risk- Supper	XXXXXXXXXXXXX	XXXXXXXXXXXXX	
At Risk- Night Snacks	XXXXXXXXXXXXX	XXXXXXXXXXXXX	
Total Meals Served			

Application of CACFP Funds During the Month	Amount
Administrative Expenditures	
Operating Costs	
Food	
Travel	
Equipment Depreciation (for purchases over $5,000)	
Other	
Total	

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 2017 CAC 1 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 2017.
- 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!**
- **Claims must be received by the State Agency or postmarked within 60 days from the last day of the claim month.**

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 2013).
- **Claim Type** Check either "Original" or "Amendment." An "Amendment" claim is for making revisions to a previous claim.

2. Attendance Reporting Section

- **Number of Sites** Enter the number "1" in the column matching your program type.
- **Number of Days Meals Provided** Enter the highest number of days food service was provided during the claim month for Adult Care Center.
- **Average Daily Attendance** Compute by dividing the center's monthly attendance by number of days of operation.

3. Income Eligibility Section

- Enter the number of **Free**, **Reduced**, **Paid,** and **Total**. (Note **Paid** = **Number Denied** + **Number with No Applications**.)
- CACFP Enrollment forms must be maintained for all enrolled children.

4. Meals Served Section

- Enter the number of eligible meals served during the claim month for each meal type. Enter in the appropriate category – Meals Served (excluding Emergency/Homeless Shelter)" , "Emergency/Homeless Shelter Meals Serve Only", and "At Risk (ASCS)." Snacks (supplements) must be recorded by "**AM Snacks**," "**PM Snacks**," and "**Night Snacks**," or "At Risk Snacks." At Risk Centers may claim At Risk Meals and AT Risk Snacks. Only one At Risk snack and At Risk meal Can be served to each eligible participant per day.
- **Total Meals Served** must equal sum of all meals by meal type.

5. Application of Funds During the Month Section

- Enter institution's costs by category (Administrative Expenditures, Operating Costs, Food, Travel, Equipment Depreciation (for purchases over $5,000), and Other) for **Child Care Center** for **claim month**.
- **These costs must have been approved in the annual Administrative Budget (CAC 9).**
- **Total Funds** must equal sum of all monthly costs by cost category.
- You must include decimal points for dollar amounts (example $100.75).

6. Certification

- Sign (in ink) by an authorized signer only (i.e., you 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)