

CACFP Reimbursement Claim for Sponsoring Organization Child Care At Risk Center

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

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

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	

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-bottom: 1px solid black; text-align: center;"> Signature of Authorized Representative </td> <td style="width: 40%; 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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Printed Name of Authorized Representative	Contact Phone Number				

Instructions for 2017 CAC 1 Sponsored Child Care At Risk Center Claim

- For claiming meals at **Child Care At Risk Centers** in program year **2017**.
- **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 2013).
- **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.
- CACFP Enrollment forms must be maintained for all participants.

3. Total At Risk Meals Served Section

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

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 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)

Form

CAC 1 Sponsored Child Care At Risk Centers (Effective October 1, 2016)

Fiscal Year

2017