

Instructions for 2010 CAC 1 Adult Care Centers Claim Form

- For claiming meals at **Adult Care Centers** in **program year 2010**.
- 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.
- **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. Attendance Reporting Section

- **Number of Sites** Enter the number “1”
- **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 participants.

4. Meals Served Section

- Enter the number of eligible meals served during the claim month for each meal type. Snacks (supplements) must be recorded by “**AM Snacks**,” “**PM Snacks**,” and “**Night Snacks**.”
- **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 **Adult 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)