

## Instructions for 2011 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 2011**.
- 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)**

Form

**CAC 1 Sponsored Child Care Centers** (Effective October 1, 2010)

Fiscal Year

**2011**