

CACFP Reimbursement Claim for Child Care Centers

1 Institution Information					
Institution Name	Agreement Number	Claim Month/Year	Claim Type (check one)		
			<input type="checkbox"/> Original <input type="checkbox"/> Amendment		
2 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					
3 Income Eligibility					
Number of Free	Number of Reduced Price	Number of Paid	Total Eligible		
4 Meals Served					
	Meals Served (Excluded Emergency Shelters)	Emergency Shelter Meals Served Only	At Risk (ASCS)		
Breakfast			XXXXXXXXXXXXXXXX		
AM Snacks			XXXXXXXXXXXXXXXX		
Lunch			XXXXXXXXXXXXXXXX		
PM Snacks			XXXXXXXXXXXXXXXX		
Supper			XXXXXXXXXXXXXXXX		
Night Snacks			XXXXXXXXXXXXXXXX		
At Risk – Snacks	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX			
Total Meals Served					
5 Application of CACFP Funds During the Month					Amount
Administrative Expenditures					
Operating Costs					
Food					
Travel					
Equipment Depreciation (for purchases over \$5,000)					
Other					
Total					
6 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. Moreover, if submitting institution is an independent proprietary (“For-profit”) title XX child care center, the submitting institution must submit the number and percentage of children in care (enrolled or licensed capacity, whichever is less) to document that at least 25 percent are eligible for free or reduced-price meals or are 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.</p>					
<p>Sign Here ► _____</p> <p>Keep copy for your records</p>					
Signature of Authorized Representative				Date of Preparation	
_____				_____	
Printed Name of Authorized Representative				Contact Phone Number	