

CACFP Reimbursement Claim for Sponsoring Organization Child Care At Risk Center

Institution and Claim Information		
Institution Name:	Agreement:	
Center Name:	Site Number:	
Claim Month/Year:	Claim Type: Original Revision #	

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

Total At Risk Meals Served	
Risk- Breakfast	
At Risk- AM Snack	
At Risk- Lunch	
At Risk- PM Snack	
At Risk- Supper	
At Risk- Night Snack	

<i>All Centers Must Complete the CACFP Cost Report and Attach to this Claim</i>
<i>For Profit Centers Must Complete the Certificate of Eligibility of Title XIX and XX and Attach to this Claim</i>

Certification and Authorized Signature									
<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="border: none; text-align: center;">_____</td> <td style="border: none; text-align: center;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Signature of Authorized Representative</td> <td style="border: none; text-align: center;">Date of Preparation</td> </tr> <tr> <td style="border: none; text-align: center;">_____</td> <td style="border: none; text-align: center;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Printed Name of Authorized Representative</td> <td style="border: none; 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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Instructions for 2018 CAC 1 Sponsored At Risk Center Claim Form

The CAC 1 Sponsored At Risk Center Claim is for use by Sponsoring Organizations claiming meals at:

- Sponsored At Risk Centers

1. Institution and Claim Information Section

Institution Name - Enter the complete name as specified on the Institution Agreement (CAC 2).

Center Name - Enter the complete name as specified on the Center Application.

Claim Month/Year - Enter month and year that claim applies to (i.e., October 2017).

Agreement Number - Enter your assigned CACFP agreement number.

Site Number - Enter the correct site number.

Claim Type - Check either "Original" or "Revision." Only check "Revision" if making a revision to a previously submitted claim.

2. Attendance Reporting Section

Total Days of Operation – Enter the number of days meals were served during the claim month.

Total Attendance – Enter the total number of enrolled CACFP participants who were served meals for the month.

Number of Shifts – Enter the number of shifts in the column matching your program type.

***Average Daily Attendance (ADA)** – The ADA number will be computed by the NCCares system and is based on monthly attendance reported, divided by the number of operating days reported.

3. Enrolled Participants Section (Income Eligibility)

Enter the number of **Free**, **Reduced**, and **Paid** enrolled participants who were served meals during the claim month.

* **Paid** = Number denied participants + Number of participants with no application.

4. Meals Served Section

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

5. Certification and Authorized Signature Section

Claim form must be signed in ink, by an authorized signer. Authorized persons must be recorded on the *Statement of Authority* form.

Claims must be postmarked or received by the State Agency within 60 days from the last day of the claim month. All claims must have attached the CACFP Cost Report to their claim submission. For-profit center must also have attached the *Certification of Eligibility of Title XIX and XX*. All CACFP forms can be found at www.nutritionnc.gov.

Mailing your claim

Mail original signed claim and attachment(s) to:

DHHS
Special Nutrition Programs
2032 Mail Service Center
Raleigh, NC 27699-2032

Claim Status and General Inquires, call 866-622-2733 (toll free)
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