North Carolina Department of Health and Human Services
Division of Public Health/Nutrition Services Branch
Special Nutrition Programs

Child and Adult Care Food Program (CACFP)
NC CARES Program
Toll Free: 866 NC-CARE-3 (866-622-2733)

CACFP Reimbursement Claim for Sponsoring Organization of Day Care Homes

Institution and Claim Information			
Institution Name:		Agreement:	
Provider Name:		Registration Number:	
Claim Month/Year:	Claim Type: ☐ Original ☐ Revision # ____		

Attendance Reporting	
Total Number of Days Meals were Provided during claim Period	
Total Attendance-Number of participants that were served at least one meal during the claim period	
Total Enrollment- Number of participants enrolled for care	
Average Daily Attendance (ADA will be calculated by NCCares)	----------

Meals/Snacks Served			
Description	Tier I	Tier II (High)	Tier II (Low)
Breakfast			
AM Snacks			
Lunch			
PM Snacks			
Supper			
Night Snacks			

All Sponsoring Organizations must complete the CACFP Cost Report and attach to this claim

For Profit Sponsors must complete the Certificate of Eligibility of Title XIX and XX and attach to this claim

Certification and Authorized Signature

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.

Sign Here ►
Keep copy for your records

_____ Signature of Authorized Representative

_____ Date of Preparation

_____ Printed Name of Authorized Representative

_____ Contact Phone Number

Instructions for 2018 CAC 1 Sponsored Day Care Homes Claim Form

The CAC 1 Sponsored Day Care Home Claim is for use by Sponsoring Organizations claiming meals at:

- Day Care Homes

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1. Institution Information Section

Institution Name - Enter complete name as specified on the Institution Agreement (CAC 2).
Provider Name - Enter the complete name as specified on the Day Care Home Provider Site Information
Claim Month/Year - Enter month and year that claim applies to (example, October 2017).
Agreement Number - Enter correct agreement number.
Registration Number - Enter the correct registration number specific to the Day Care Home Provider
Claim Type - Check either "Original" or "Revision." Only check "Revision" if making a revision to a previously submitted claim.

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2. Attendance Reporting Section

Total Number of Days Meals - Enter the number of days food service was provided within claim month for Day Care Homes.
Total Attendance - Enter the number of participants that were served at least one meal during the claim month
Total Enrollment - Enter the number of participants enrolled for care

*__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.

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3. **Meals Served Section**

Enter the number of eligible meals served during the claim month for each meal type and tier. Snacks (supplements) must be recorded by "AM Snacks," "PM Snacks," and "Night Snacks." Total Meals Served must equal sum of all meals for a meal type by tier.

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4. Certification and Authorized Signature Section

Sign (in ink) by an authorized signer only (i.e., signer must be recorded on the *Statement of Authority*).

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 to:

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

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