Date Received by NDE

# **Reimbursement Claim: Child Care Centers**

Sponsor/Center Fax Number: (	)	Submission Type: Ori	Submission Type: Original Revised	
Sponsor Information				
Sponsor's Name	Sponsor Number	Site Name	Month/Year Claimed	
		•		

Attendance Reporting			
Number of Days Meals were Provided			
Average Daily Attendance			
Title XX Participants	(For Profit Centers only)		

Eligibility				
Number of Free	Number of Reduced Price	Number of Paid	Total Eligible	

Regular Meals Served Only (Do not include At-Risk Meals)				
Meal Type	Free Meals (A)	Reduced Meals (B)	Paid Meals (C)	Total Meals (A+B+C)
Regular Breakfasts				
Regular A.M. Snacks				
Regular Lunches				
Regular P.M. Snacks				
Regular Supper				
Regular Evening Snack				

At-Risk Meals Only (Meals claimed At-Risk cannot be claimed above in Regular Meals)				
Do not include any meals that are claimed above. Breakfasts and Lunches may be claimed only on school's out days, vacation				
days (e.g., winter and spr	ings break) and weeke	ends during the school year.		
Meal Type	Number Days Served	Number of At-Risk Participants	Average Daily Attendance	Meals Served
At-Risk Breakfasts				
At-Risk A.M. Snacks				
At-Risk Lunches				
At-Risk P.M. Snacks				
At-Risk Supper				
At-Risk Evening Snack				

I certify that to the best of my knowledge and belief, this claim is true and correct in all aspects; records are available to support the claim; the claim is in accordance with existing agreement; and payment has not been received or requested. I further certify that claims submitted for meals served in For-Profit Centers are submitted for those centers having 25% or more participants receiving Title XX benefits or eligible for Free or Reduced meals for this claim period.

## **INSTRUCTIONS – CHILD CARE CENTERS**

If you are submitting the claim via the WEB, you do not need to send a claim form to the Department of Education. However, you must retain the original on file with the Authorized Representatives signature. If you are submitting the claim via the WEB, you have until the 10<sup>th</sup> day of the month to input and submit the claim on line.

Claims not submitted via the WEB, are due the 10<sup>th</sup> day of the month following the reporting month and must be submitted by the calendar month. No month's meal counts can be combined with another month's counts regardless of the number of days served.

#### **Sponsor Information**

Complete the Sponsor's Name, the correct 6-digit agreement number (county-district number), the Month and Year of the claiming month. Check the type of submission of claim, either original claim or revised claim. If you are not submitting the claim via the WEB, report the fax number under the "Date Received by NDE".

### **Attendance Reporting**

Report the Number of days meals are provided for the month being reported. Report the Average Daily Attendance. For-Profit Centers must report the Number of Title XX Participants.

#### **For-Profit Sites Only**

The following calculation for the Title XX participants: Divide the number of Title XX participants or Eligible Free and Reduced participants by the lessor of the License Capacity or Total Enrollment. If the resulting percentage is **LESS** than 25%, you cannot claim the meals served at that site.

#### Eligibility

Report the number of children enrolled that are eligible for Free meals, Reduce priced meals, and Paid meals. Report the Total number of children enrolled. Must equal the sum of eligible Free plus Reduce plus Paid.

#### **Regular Meals Served**

Report the number of meals served to children by meal type (breakfast, a.m. snack, lunch, p.m. snack, supper, and evening snack) and by eligibility type (Free, Reduced Price, or Paid).

Report the Total number of Breakfasts, A.M. Snacks, Lunches, P.M. Snacks, Suppers, and Evening Snacks. Must equal the sum of Free plus Reduced Price plus Paid.

P.M. Snacks means snacks served in the afternoon.

#### **At-Risk Meals**

Do not include any meals that are claimed above. Breakfasts and Lunches may be claimed only on school's out days, vacation days (e.g., winter and spring break) and weekends during the school year.

#### The Authorized Representative must sign and date the claim form.