

Return to:
 Nebraska Department of Education
 Financial Services
 P.O. Box 94987
 Lincoln, Nebraska 68509-4987
 Fax Number (402) 471-0117 or (402) 471-4407

NDE-28-018
 (Revised 4/2009)
 Date Due: 10th day of the month following
 the Month Being Reported

Date Received by NDE	
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Reimbursement Claim: Adult Care Centers

Sponsor/Center Fax Number: _____

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 Eligible Participants)			
Number of Free	Number of Reduced Price	Number of Paid	Total Eligible

Meal Type	Meals Served			Total Meals (A+B+C)
	Free Meals (A)	Reduced Meals (B)	Paid Meals (C)	
Breakfasts				
A.M. Snacks				
Lunches				
P.M. Snacks				
Supper				
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 Proprietary Title XX Centers are submitted for those centers having 25% or more participants receiving Title XX benefits enrolled for this claim period. I further certify that the meals claimed for reimbursement under the Child and Adult Care Food Program have not been reimbursed under Title III of the Older Americans Act.

 Date of Preparation

 Title

 Signature of Authorized Representative

INSTRUCTIONS – ADULT 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 10th day of the month to input and submit the claim on line.

Claims not submitted via the WEB, are due the 10th 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.

Attendance Reporting

Report the Number of days meals are provided for the month being reported.

Report the Average Daily Attendance. Each day sum the number of adults who were in attendance at the center. Add the sum of each days attendance and divide by the number of days the center operated.

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 by the lessor of the License Capacity or Total Enrollment. If the resulting percentage is **LESS** than 25%, you can not claim the meals served at that site.

Eligibility

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

Meals Served

Report the number of meals served to adults 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.

The Authorized Representative must sign and date the claim form.