

Return to:  
 Nebraska Department of Education  
 Financial Services  
 P.O. Box 94987  
 Lincoln, Nebraska 68509-4987  
 Fax Number (402) 471-2486 or (402) 471-4407



NDE 28-037  
 (Revised 1/00)  
 Date Due: 10<sup>th</sup> day of the month following  
 the Month Being Reported

<b>Date Received by NDE</b>	
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## Reimbursement Claim: Day Care Home

Monthly Claim Form			
Sponsor's Name	Agreement Number	Month/Year Claimed	Submission Type
			Original <input type="checkbox"/> Revised <input type="checkbox"/>

	Tier I	Tier II	Tier II All Free	Tier II Mix		Total
Number of Homes Participating						
				Free	Paid	
Number of Children Enrolled						
Average Daily Attendance						

<b>Number of Days Meals were Served</b>	
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Meals Served						
	Tier I	Tier II	Tier II All Free	Tier II Mix Free	Tier II Mix Paid	Total Meal Served
Breakfast						
Lunch						
Supper						
Snacks						

Administrative Cost Categories	Amount
Salaries and Benefits	
Operating Expenses	
Travel Expenses	
Capital Outlay	
Misc. Expenditures	
<b>Total Administrative Cost</b>	

Income	Amount
Income to the CACFP Program	

Remarks

I certify that, to the best of my knowledge and belief, this claim is true and correct in all respects; that records are available to support this claim; that it is in accordance with the terms of the existing Application/Agreement; and that payment therefore has not been received.

\_\_\_\_\_

Date of Preparation
Title
Signature of Authorized Representative

## DAY CARE HOME SPONSOR CLAIM INSTRUCTIONS

Report the Sponsor's Name, six digit Agreement Number, the Month and Year of the claim being submitted, and the type of claim being submitted (Original or Revised, if revised indicate the number of the revision).

Report the number of homes participating this month by Tier category (Tier I, II, or Mix).

Report the number of children **enrolled** in each Tier category (Tier I, II, Mix Free or Mix Paid).

Report the **average daily attendance** in each Tier category (Tier I, II, Mix Free or Mix Paid).

Report the greatest number of days of meal service in the month being reported.

Report the number of **Breakfasts** claimed for reimbursement by Tier category and Total Number of Breakfasts.

Report the number of **Lunches** claimed for reimbursement by Tier category and Total Number of Lunches.

Report the number of **Suppers** claimed for reimbursement by Tier category and Total Number of Suppers.

Report the number of **Snacks** claimed for reimbursement by Tier category and Total Number of Snacks.

Report the actual CACFP Administrative Cost by line item category (as defined in 7 CFR 226.2) for the month being reported.

Report the actual Income to the Program (as defined in 7 CFR 226.2, does **not** include CACFP reimbursement) for the month being reported.

**The claim must be signed and dated by the approved authorized representative.**

**DEFINITIONS:** Please refer to the definitions found in the regulations; 7 CFR 226.2.

**TIER 1 Home** - a home that is located in a low income area or the provider's income has been verified on an Income Eligibility Application to be below 185 percent of poverty.

**TIER 2 Home** - a home that does not meet the Tier 1 requirement.

**TIER 2 MIX Home** - a home that does not qualify as a Tier 1 home, however some enrolled children have a Sponsor approved Income Eligibility Application.

**TIER 1 children** within a Tier 2 MIX home. A child with an approved Income Eligibility Application.

**TIER 2 children** within a Tier 2 MIX home. A child without an approved Income Eligibility Application.