

<b>Date Received by NDE</b>	
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## Reimbursement Claim: Child 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 <span style="float: right;">(For Profit Centers only)</span>	

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

Meals Served				
Meal Type	Free Meals (A)	Reduced Meals (B)	Paid Meals (C)	Total Meals (A+B+C)
Breakfasts				
A.M. Snacks				
Lunches				
P.M. Snacks				
Supper				
Evening Snack				

Area Eligible Snacks	
Area Eligible Average Daily Attendance	
Area Eligible Snacks Served	

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.

\_\_\_\_\_

Date of Preparation
Title
Signature of Authorized Representative

## 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. Each day sum the number of children 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 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.

### 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.

Area Eligible Snack sites:

Report the Average Daily Attendance.

Report the number of Area Eligible Snacks served to children.

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