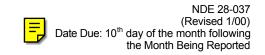
Return to: Nebraska Department of Education Financial Services P.O. Box 94987 Lincoln, Nebraska 68509-4987 Fax Number (402) 471-6351 or (402) 471-4407



Date Received by NDE	

## **Reimbursement Claim: Day Care Home**

			Monthly Cla	im Form				
Sponsor's Name	ar Claimed Submission Type							
oponsor s realic		79	reement Number	Month/Year Claimed				
						Original 🗌	Reviseu	
	Tie	r I	Tier II	Tier II All Fr	00 Ti	er II Mix	Total	
Number of Homes	116	<u> </u>	i iei ii	Hel II All FI	ee 11	ei ii iviix	Total	
Participating								
					Free	Paid		
Number of Children Enrolled								
Average Daily Attendance								
			•					
Number of Days Meals were S	Served							
Meals Served								
	Tier	I	Tier II	Tier II All	Tier II Mix	Tier II Mix	Total	
Breakfast				Free	Free	Paid	Meal Served	
Lunch								
Supper								
Snacks								
Administrative Cost Categor	ariaa		A ma a um f					
Salaries and Benefits	ories		Amount					
Operating Expenses								
Travel Expenses								
Capital Outlay								
Misc. Expenditures								
Total Administrative Cost								
Income			Amount					
Income to the CACFP Progra	m		Amount					
0								
Remarks								
I certify that, to the best of my knowled	lae and holi	of this	claim is true and corre	et in all receests:	that records are o	vailable to support t	his claim: that it is	
in accordance with the terms of the ex							ino Gairi, trat it is	
Date of Preparation			Title		Signature of Authorized Representative			
Original Nahraska Danartmant	of Educati	00				Cony Voon f	or your records	

## 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 <u>not</u> 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.