



The Child and Adult Care Food Program

Proprietary (For-Profit) Centers Addendum to the Claim for Reimbursement Instructions

This report should be completed only for those centers meeting the 25% eligibility threshold during the claim month. For institutions approved to sponsor multiple facilities, each facility must establish 25% eligibility individually each month in order to be eligible for reimbursement for that month.

Item #1: Enter the name of institution.

Item #2: Enter institution's agreement number

Item #3: Enter the month and year of the claim.

Item #4: For independent centers, list your center. For sponsoring organizations, list each eligible facility that participated in the CACFP under your institution's sponsorship during the claim month.

Enter the data in Columns A through D as follows:

Column A:

- For child development centers and outside-school-hours centers:
 - Enter **either** the number of Title XX-subsidized children for whom you have documentation for the claim month, **or** the number of children eligible for free or reduced-price meals.
 - Do not mix-and-match or combine the number Title XX-subsidized children and with the number of children eligible for free or reduced price meals.
 - Do not include children who participate in the at-risk afterschool meal program only.
 - Each child had to be in attendance at least one day during the claim month.
 - This number must be less than or equal to the number entered in column B.
- For adult day care centers:
 - Enter the number of Title XIX or Title XX-subsidized participants for whom you have documentation for the claim month.

Column B: Enter the total number of eligible enrolled participants who were in attendance for at least one day in the claim month. Do not include children who participate in the at-risk afterschool meal program only. This number must be greater than or equal to the number entered in Column A.

Column C: Enter the licensed capacity for each center or facility.

Column D: **This is for State Agency use only**: Although, institutions should not fill this in, this must be calculated to evaluate whether the center or facility qualifies. Divide the total number of participants (Column A) by the total number of participants enrolled (Column B). For child development centers and outside-school-hours centers, only: If this is less than 25%, then divide the total number of children (Column A) by the licensed capacity (Column C). If either calculation results in a number that is equal to or greater than 25%, then the center qualifies for that month. If neither calculations results in a percentage equal to or great than 2%, then meals may not be claimed for that center or facility for that month.

REMINDER:

- Total enrollment (Column B) must equal total enrollment on the claim form (the sum of the participants in the free, reduced-price and paid categories in Item #5).
- Total licensed capacity (Column C) must be equal to the licensed capacity on file with the State Agency.
- If the center is qualified based upon the number of children eligible for free or reduced-price meals, then the number entered in Column A must equal the number of children reported as free and reduced-price on the claim form (the sum of the participants in the free and reduced-price categories in Item #5).



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Proprietary Title XIX/XX Centers Addendum to the Claim for Reimbursement

1. NAME OF SPONSOR:

2. AGREEMENT NUMBER:

3. REPORT PERIOD	
MONTH	YEAR

COMPLETE THIS REPORT ONLY FOR THOSE CENTERS MEETING THE 25% ELIGIBILITY THRESHOLD DURING THIS CLAIM MONTH.

4. NAME OF CENTER or FACILITY	A. NO. TXIX/TXX SUBSIDIZED, OR NO. FREE OR REDUCED-PRICE PARTICIPANTS*	B. TOTAL NUMBER PARTICIPANTS ENROLLED	C. LICENSED CAPACITY	D. <u>S/A USE ONLY</u> ENTER A/B OR A/C, WHICHEVER IS GREATER**

*Section A – For adult day care, use the number of Title XIX or Title XX subsidized participants only.

**Section D – For adult day care, use only the number of enrolled participants (Column B).