



## The Child and Adult Care Food Program (CACFP)

### Proprietary Title XIX/XX 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 sponsors approved to operate multiple centers, each center must establish 25% eligibility individually in order to be eligible for reimbursement for each particular month.

Item #1: Enter name of organization.

Item #2: Enter Agreement number

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

Item #4: List each eligible center that participated in the CACFP under your organization's sponsorship for the month.

Enter the data in Columns A through D as follows:

Column A: Enter either the number of Title XX subsidized children for which you have documented for the claim month, or the number of children eligible for free or reduced price meals. 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.

Column B: Enter the total number of children enrolled in the center who were in attendance for at least one day in the claim month. This number must be greater than or equal to the number entered in Column A.

Column C: Enter the licensed capacity for each center.

Column D: **This is for State Agency use only:** Although, sponsors should not fill this in, they must calculate this to evaluate whether the center qualifies. Divide the total number of children (Column A) by the total number of children enrolled (Column B), 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 it does not, then meals may not be claimed for that center for that month.

#### REMINDER:

- Total enrollment (Column B) must equal total enrollment on the claim form (Item #5 total of free reduced and paid).
- Total licensed capacity (Column C) must be less than or equal to the licensed capacity listed on your Agreement.
- 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 on the claim form (Item #5 total of free reduced and paid).



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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	A. NO. TXIX/TXX SUBSIDIZED OR NO. OF FREE AND REDUCED PARTICIPANTS	B. TOTAL NUMBER PARTICIPANTS ENROLLED	C. LICENSED CAPACITY	D. S/A USE ONLY ENTER A/B OR A/C, WHICHEVER IS GREATER*

\* Section D. – For adults use only enrolled