

**INSTRUCTIONS FOR COMPLETING DC CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
CLAIM FOR REIMBURSEMENT**

Type or print clearly all information. Every institution must complete the claim form and keep a copy for their files. Please make sure that all claim forms sent to the State Agency for Nutrition Services contains an **original signature**. If the claim is adjusted, please indicate so by placing an "X" in the Adjusted Claim box in the top right corner.

- Box 1:** Enter CACFP Agreement number.
- Box 2:** Enter name, address, city, state, zip code, and telephone number of the institution. Place the name of the Contact Person who is responsible for CACFP if different from the Authorized Representative.
- Box 3:** Enter the month and year of the claim for reimbursement.
- Box 4:** Enter the actual number of days food service was provided during the month.
- Box 5:** Enter the number of participants enrolled by Eligibility category (free, reduced and paid) based on your Income Eligibility Statements and attendance (this includes any participant who was in attendance at least one day during the month being claimed). For emergency shelters and at-risk programs, all participants are free.
- Box 6:** Enter the number of eligible sites by site type participating in the CACFP. The number and type of centers entered must be consistent with the number and type of centers that are listed on your CACFP Approved Agreement. In addition, For Proprietary Title XIX or Title XX centers only: Your institution must file a *Claim Addendum Form*.
- Box 7:** Complete the total attendance by site type by adding the daily attendance for each day in the claiming month. You must add the total attendance each day and then combine all days in the month to get total attendance.
- Box 8:** Enter the average daily attendance (ADA) by site type for this claiming period. ADA equals your total attendance (Box 7) divided by the total number of days food service was provided (Box 4). Always round up to the next whole number, i.e., 46.3 will equate to 47 children.
- Box 9:** Enter the total number of eligible CACFP meals served in the claiming month by meal type, using the *Daily Meal Count Sheet*, or the *Monthly Meal Count Summary Sheet*, if a Sponsoring Organization. You may claim only those meal types for which you have been approved on your agreement. **The number of meals claimed for each meal type must not exceed the total attendance (Box 7).**
- Box 10:** For At-Risk Programs Only: Enter the number of children who received an at-risk meal by meal type. This should be an unduplicated head count for each meal type. Each child should only be counted once for each meal type. Enter the total number of at-risk meals served by meal type. These should be totals for all of the meals served in the month by meal type.
NOTE: If claiming at-risk breakfasts, you must explain in Box 11 on which holiday or school break day you served the breakfasts. See the tip box below.

After reviewing all entries on the claim form, read the certification statement. The institution's Authorized Representative or Official Designee must sign and copy the report. Include the title of the authorized representative and the date the report was prepared.

Please email, mail or hand-deliver your claim with an original signature to the following:

Email: Deborah.taylor@dc.gov

Fax: Attention - CACFP Claims Specialist, 202.724.7656

Mail: Attention - CACFP Claims Specialist
 Child and Adult Care Food Program
 Wellness and Nutrition Services Department
 Office of the State Superintendent of Education (OSSE)
 Government of the District of Columbia
 810 First Street, N.E., 4th Floor
 Washington, D.C. 20002

Tips For At-Risk Organization: When to Serve and Claim At-Risk Snacks and Meals		
	Regular School Day	Holidays, School Breaks, Weekends, or Partial School Days On days off and partial days during the school year, at-risk organizations may claim up to: ➢ 1 snack ➢ 1 meal (breakfast or lunch or supper)
At-Risk Snack	Yes	Yes
At-Risk Supper	Yes	Yes (Organizations may only claim one of these meal types)
At-Risk Breakfast	No	
At-Risk Lunch	No	

Key:
 CCC – Child Care Center
 OSHC – Outside School Hours Care
 HEADSTART – Approved Head Start Center
 TXXCCC – Title XX (20) Child Care Center
 ADC – Adult Day Care
 TXIX ADC – Title XIX (19) Adult Day Care
 TXX ADC Title XX (20) Adult Day Care
 AT-RISK – Organizations approved to participate in the At-Risk program
 Shelters – Congregate meals serving shelters