North Carolina Department of Health and Human Services
Division of Public Health/Nutrition Services Branch
Special Nutrition Programs

Child and Adult Care Food Program (CACFP)
NC CARES Program
Toll Free: 866 NC-CARE-3 (866-622-2733)

CACFP Reimbursement Claim for Sponsored Adult Care Center

Institution and Claim Information	
Institution Name:	Agreement Number: _____
Center Name:	Site Number: _____
Claim Month / Year:	Claim Type: ☐ Original ☐ Revision # _____

Attendance Reporting	
Total Days of Operation	
Total Enrollment	
Number of Shifts	
Number of Enrolled Participants in Each Reimbursement Category	
Free	
Reduced-price	
Paid (Denied or No Application)	

Number of Meals/Snacks Served		
Breakfast	Lunch	Supper
AM Snack	PM Snack	Night Snack
All Sponsoring Organizations must complete the CACFP Cost Report and attach to this claim		
For Profit Sponsors must complete the Certificate of Eligibility of Title XIX and XX and attach to this claim		

Certification and Authorized Signature

I CERTIFY THAT this claim is true and correct; that it is in accordance with the terms of existing Agreement(s); that records are available to support this claim; and that payment has not been previously received. Moreover, if submitting institution is an independent proprietary ("For-profit") title XIX or title XX adult care center, for each facility claimed, not less than 25 percent of the enrolled adults were title XIX or title XX beneficiaries. I further understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes.

Sign Here ► _____ _____

Keep copy for your records

Signature of Authorized Representative — Date of Preparation

_____ _____

Printed Name of Authorized Representative — Contact Phone Number

Instructions for 2018 CAC 1 Sponsored Adult Care Center Claim Form

The CAC 1 Sponsored Adult Care Claim is for use by Sponsoring Organizations claiming meals at:

- Sponsored Adult Care Centers

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1. Institution and Claim Information Section

Institution Name - Enter the complete name as specified on the Institution Agreement (CAC 2).
Center Name - Enter the complete name as specified on the Center Application.
Claim Month/Year - Enter month and year that claim applies to (i.e., October 2016).
Agreement Number - Enter your assigned CACFP agreement number.
Site Number - Enter the correct site number.
Claim Type - Check either "Original" or "Revision." Only check "Revision" if making a revision to a previously submitted claim.

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2. Attendance Reporting Section

Total Days of Operation – Enter the number of days meals were served during the claim month.
Total Attendance – Enter the total number of enrolled CACFP participants who were served meals for the month.
Number of Shifts – Enter the number of shifts in the column matching your program type.

*__Average Daily Attendance (ADA)__ – The ADA number will be computed by the NCCares system and is based on monthly attendance reported, divided by the number of operating days reported.

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3. Enrolled Participants Section (Income Eligibility)

Enter the number of **Free**, **Reduced**, and **Paid** enrolled participants who were served meals during the claim month.

* **Paid** = Number denied participants + Number of participants with no application.

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4. Meals Served Section

Enter the number of eligible meals served during the claim month for each meal type.

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5. Certification and Authorized Signature Section

Claim form must be signed in ink, by an authorized signer. Authorized persons must be recorded on the *Statement of Authority* form.

Claims must be postmarked or received by the State Agency within 60 days from the last day of the claim month. All claims must have attached the CACFP Cost Report to their claim submission. For-profit center must also have attached the *Certification of Eligibility of Title XIX and XX. All CACFP forms can be found at* www.nutritionnc.gov.

Mailing your claim

Mail original signed claim and attachment(s) to:

DHHS
Special Nutrition Programs
2032 Mail Service Center
Raleigh, NC 27699-2032

Claim Status and General Inquires, call 866-622-2733 (toll free)