

CONNECTICUT STATE DEPARTMENT OF EDUCATION
Bureau of Health/Nutrition, Family Services and Adult Education
25 Industrial Park Road
Middletown, Connecticut 06457-1543

Child and Adult Care Food Program (CACFP)

ED-103 Schedule D - Reimbursement Claim for Day Care Centers

Instructions

Enter Enter information in appropriate boxes

- Name of institution (sponsoring organization) and Agreement Number as shown on the approved *ED-099 Agreement for Child Nutrition Programs*
- Month and year for which claim is filed
- Name, title and telephone number of person who prepared the claim
- Date claim prepared

Check Check if claim is original submission or revision 1, 2 or 3

Enter Enter data in boxes A–K for each individual licensed or approved site for which meals are claimed; do not list by type of child care program. If there are more than six sites use additional page(s). **Do not include At-Risk Afterschool Care Program.**

Note: An *Application for Individual Site* (Form ED-099 Schedule A Attachment) must be submitted for approval prior to entering on the claim for reimbursement. Submit the *Application for Individual Site* when there is a change to the approved site information on file in the Child Nutrition Unit, i.e., a new site added, relocated or changes to meal type. Submit written notification when site is closed or removed from CACFP.

A Name of licensed or approved site

B Number of operating days the site served meals and/or regular supplements/snacks

Do not include operating days for At-Risk Afterschool Care Program

C Total daily attendance for the entire site (all rooms).

D Number of participants enrolled who are eligible in the free category at the site during the month claimed

E Number of participants enrolled who are eligible in the reduced category at the site during the month claimed

F Number of participants enrolled who are eligible in the over-income category at the site during the month claimed

G Total number of all eligible participants enrolled at the site during the month claimed. Total must equal the sum of boxes D, E & F

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Enter (continued)

- H* Total number of breakfasts served to enrolled participants at the site during the month
- I* Total number of lunches served to enrolled participants at the site during the month
- J* Total number of suppers served to enrolled participants at the site during the month
- K* Total number of AM, PM and evening snacks served to enrolled participants at the site during the month. **Do not include At-Risk Afterschool Care Program.**
- TOTAL** Total daily attendance, eligibility and meals data for all sites in boxes C through K; if more than six sites, do not total until last page.

Enter **Enter data for At-Risk Afterschool Care Program ONLY**

- Name of At-Risk Afterschool Care site
- Maximum number of operating days the site served snacks and/or suppers in the At-Risk Afterschool Care Meals Program
- Total attendance for the At-Risk Afterschool Care site for the month
- Total number of At-Risk Afterschool Care snacks served by the site for the month
- Total number of At-Risk Afterschool Care suppers served by the site for the month

One of the two representatives authorized on the ED-099 Agreement for Child Nutrition Programs must sign the claim form. Complete title and date. If submitting multiple pages, sign on last page only.

Submit one copy with original signature and retain a copy. The due date is on or about the fifteenth of the month following the last day of the month covered by the claim. Refer to the *Schedule for Submission of Reimbursement Claim Forms* for specific dates.