

Instructions for Reimbursement Claim for Day Care Homes – ED 103 Schedule C

Child and Adult Care Food Program (CACFP)

- Item 1** Enter the name of sponsoring agency (institution) as shown on the approved *Agreement for Child Nutrition Programs* (ED 099) for CACFP – Homes.
- Item 2** Enter the assigned six place number ending with the letter H as shown on the *Agreement for Child Nutrition Programs* (ED 099) for CACFP – Homes.
- Item 3** Place an X on the line to designate the claim sequence for original or appropriate revision. If this is an amendment to a previously submitted claim, complete the entire claim form, including the corrected information.
- Item 4** Enter the month and year for which the claim is filed.
- Item 5** Enter the actual administrative costs for the month. Only costs included in the approved budget are allowed.
- Item 6** Enter the highest number of days food service was provided in any home that participated in CACFP during the month.
- Item 7** Enter the total amount of income to the program received during the month. CACFP reimbursement is not reported as income.
- Item 8** Enter the total number of approved Tier I homes participating during the month in the second column. Enter the enrollment in the Tier 1 homes in the third column. Enter the average daily attendance in Tier I homes in the fourth column (do not round).
- Item 9** Enter in the second column, the total number of approved Tier II homes participating during the month where all of the enrolled children were determined eligible for the higher rate of reimbursement (Tier II homes with only Tier I children enrolled). Enter the enrollment in Tier II higher rate homes in the third column. Enter the average daily attendance in Tier II higher rate homes in the fourth column (do not round).
- Item 10** Enter in the second column, the total number of approved Tier II homes participating during the month where all of the enrolled children were determined eligible for the lower rate of reimbursement (Tier II homes with only Tier II children enrolled). Enter the enrollment in Tier II lower rate homes in the third column. Enter the average daily attendance in Tier II lower rate homes in the fourth column (do not round).

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Item 11 Enter in the second column, the total number of approved Tier II homes participating during the month where at least one child enrolled was determined eligible for Tier I reimbursement and at least one child was determined eligible for Tier II reimbursement (Tier II homes with both Tier I and Tier II children enrolled (mixed)). Enter the enrollment in Tier II Mixed homes in the third column. Enter the average daily attendance in Tier II Mixed homes in the fourth column (do not round). *Enter totals for each column.*

Items 12-14 Enter in item 12, the total number of meals served by eligible meal type to Tier I children in Tier I homes. Enter the total number of meals served by eligible meal type to Tier I children in Tier II homes in item 13. Enter the total number of Tier II meals by eligible meal type in item 14.

Certification: The claim must be signed and dated by one of the two designated agents (signature #1 or #2) on the *Agreement for Child Nutrition Programs* (ED 099). The name, title and telephone number of the person who prepared the claim must be entered. This should not be the same person who has been authorized to sign the claim.

Submit one copy with original signature to the Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457. Retain a copy for your records.

Refer to the *Schedule for Submission of Reimbursement Claim Forms* for specific due dates.



For more information, visit the CSDE's CACFP Homes Web page at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=321584> or contact: Celia Cordero, Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457, at 860-807-2123 or jackie.schipke@ct.gov

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