

CONNECTICUT STATE DEPARTMENT OF EDUCATION
Division of Teaching and Learning Programs and Services
Bureau of Health and Nutrition Services and Child/Family/School Partnerships
25 Industrial Park Road
Middletown, Connecticut 06457-1543

M E M O R A N D U M

TO: Child and Adult Care Food Program (CACFP) Day Care Home Sponsors

FROM: Maureen B. Staggenborg, Director
Child Nutrition Programs

DATE: November 1, 2004

SUBJECT: Operational Memorandum - #04H-05
ED-103 Schedule C – Reimbursement Claim for Day Care Homes

Enclosed for your use is a supply of revised ED-103 Schedule C reimbursement claim forms and instructions. The new forms must be used beginning with the October 2004 claim that is due in the Bureau of Adult Education and Nutrition Programs on **November 14, 2004**.

Accuracy of claim data submitted with the diskette is critical. Claims will not be processed for payment if discrepancies are found. Therefore, the reports that will assist in ensuring the integrity of the claim data should be printed and reviewed monthly.

Note the following:

- The claim form has been revised to eliminate the line (formerly item#14) to report the total number of Tier I meals served in Tier I and Tier II Homes.
- In submitting revised claims, ***only the changed/revised information should be provided.*** Insert the new total, not the difference between the old and new numbers. Insert data for Items #1 through #4. Items #5 through #14 must reflect only the revised data. All claim forms (originals and revisions) must be signed by the authorized representative.
- The CACFP Website is now online and may be accessed at <http://www.state.ct.us/sde/deps/nutrition/CACFP/index.html>

The claim form and instructions will be available for download from the website at your convenience by the end of October. Therefore, it will no longer be necessary for sponsors to request a copy of the form via E-mail or on disk. It must be noted however, that the claim form was approved by the Forms Review Committee of the State Department of Education and contains information that is required by the

U. S. Department of Agriculture. Contents may not be deleted or added.

- It is very important that monthly claim forms are accurately addressed to ensure timely arrival to the Bureau of Health and Nutrition Programs and Child/Family/School Partnerships. Timeliness is critical to assure on-time payments to the organization. The following address must be used for claim form submission:

**Connecticut State Department of Education
Bureau of Health and Nutrition Programs and Child/Family/School Partnerships
25 Industrial Park Road
Middletown, CT 06457-1543
Attn: Avis Kelly**

IMPORTANT NOTE: *This memorandum with the attached revised claim form and memorandum #01H-054 dated October 16, 2004, which transmitted the claim submission deadlines, MUST be forwarded to the appropriate agency personnel responsible for preparing and submitting the monthly reimbursement claims to the State agency. Failure to appropriately disseminate this information within your organization may result in use of the outdated claim form, late claim submission, and/or incorrectly addressed claim submission. Any or all of these factors may affect the payment of claims for your organization.*

If there are questions, please feel free to contact Maureen Staggenborg at 860-807-2070 or Susan Bohuslaw at 860-807-2073. Direct all claim processing inquiries to Avis Kelly at 860-807-2078.

MBS:mbs
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Enclosures