



Tennessee Department of Human Services
CLAIM FOR REIMBURSEMENT
 CHILD AND ADULT CARE FOOD PROGRAM (HOMES ONLY)

1. Check Appropriate Claim Type <input type="checkbox"/> Original Claim <input type="checkbox"/> Revised Claim (Based on Monitoring <input type="checkbox"/> Y <input type="checkbox"/> N)	2. Check Appropriate Submission Type <input type="checkbox"/> Timely Submission <input type="checkbox"/> Late Submission 3. Agreement Number <input style="width:100%;" type="text"/>	4. Name and Address of Institution: <input style="width:100%; height:20px;" type="text"/> <input style="width:100%; height:20px;" type="text"/> <input style="width:100%; height:20px;" type="text"/>
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5.	BREAKFAST	LUNCHES	SUPPERS	SUPPLEMENTS	TOTAL
A. TIER I (ONLY)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B. TIER II (ONLY)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C. TIER II MIXED (ONLY)					
TIER I RATES	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TIER II RATES	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

6. Total Attendance for Claim Period	A. TIER I (only)	B. TIER II (only)		C. Mixed
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TIER I	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TIER II	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D. Grand Total (TIER I (only) + TIER II (only) + Mixed)				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

7. Actual Operating and Administrative Expenses for Reporting Month for this Contract:	8. # of Adult Meals Served	9. Actual number of Day Care Homes operating this claim period		
Administrative Salaries	\$	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TIER I (only)	TIER II (only)
Administrative Benefits	\$		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Printing	\$		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Office Supplies	\$		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Communications	\$	Program Income	10. Do you receive any other money from other CACFP Programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the contracts:	
Staff Training	\$	\$ _____		
Indirect Costs	\$			
Occupancy	\$			
Utilities	\$			
Travel	\$			
Contracted Services	\$			
Other-Specify	\$			
13. Children Enrolled in Homes for this Claim Period	A. TIER I (only)	B. TIER II (only)	C. Mixed	
			TIER I	
			TIER II	
D. Grand Total TIER I (only)+ TIER II (only)+ Mixed				

11. Remarks	
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I certify that the information on this application and the attached Site Information Document(s), is true to the best of my knowledge, that reimbursements will be claimed only for meals served to eligible children at approved food service sites, and that these sites have been visited and have the capability and facilities for the meal service planned for the number of children anticipated to be served and that the organization will directly operate the Program in accordance with 7 CFR 225.14(d)(3). I 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 criminal statutes. The program must be made available to all eligible children regardless of race, color, national origin, sex, age or disability. If government sponsor, I certify that the program is directly operated at all sites.

12. Signature of Authorized Representative _____	13. Title _____	14. Preparation Date ____/____/____
All receipts, invoice and other evidence of purchase must be retained and available for future audit for a period of 3 years after the end of the fiscal year to which they pertain.	No further reimbursement shall be paid under the CACFP for the period covered by this claim unless this is completed and filed as required by the Tennessee Department of Human Services and the Federal Regulations at 7 CFR Part 226	