

**INSTRUCTIONS FOR
FOOD & NUTRITION
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
CENTERS CLAIM FOR REIMBURSEMENT – SITE LEVEL**

Those contracting entities that **do not** use the Texas Unified Nutrition Programs System (TX-UNPS), use this form to submit a Centers Claim for Reimbursement – Site Level. You need to complete one form for each site that you wish to claim for the month/year indicated. You may not enter multiple sites on the same claim form. A copy of the completed form, with all supporting documentation, must be kept by the contracting entity for each site claimed. Claims must be postmarked or received by the Texas Department of Agriculture (TDA) Food and Nutrition (F&N) no later than 60 days after the last day of the claim month.

CONTACT INFORMATION

1. **Name of Contracting Entity (CE)** – Enter the legal name of the contracting entity.
2. **CE ID** – Enter your Five-digit CE ID that has been assigned to you by TX-UNPS. If you do not know your CE ID, leave blank.
3. **Month/Year Claimed** - Enter the month and the year for which the claim is made.
4. **Version** – Enter the version for this submittal. If this is your initial submittal for this Month/Year, you will enter “Original”. For each version (adjustment) submitted after your initial submittal, enter “Adjustment 1”, “Adjustment 2”, and so on.
5. **Claim Preparer** – Enter the following for the contracting entity’s staff member who completed this claim: salutation, first name and last name. The salutation is a required field and must be one of the following: Brother, Dr., Father, Honorable, Miss, Mr., Mrs., Ms., Msgr., Rabbi, Reverend or Sister. This person must be an Authorized Representative.
6. **Email Address** – Enter the email address of the claim preparer.
7. **Phone** – Enter the phone number (include area code) and extension of the claim preparer.
8. **Fax** – Enter the fax number (include area code) of the claim preparer.
9. **Title** – Enter the title of the claim preparer.

ADULT CARE CENTER

If this is an Adult Care Center site, complete this section.

Attendance Reporting

Site Name and Site ID – Enter the Site Name and Site ID. The Site ID is the four-digit number that has been assigned to the site by TX-UNPS. If you do not know the Site ID, leave blank.

- A1. **Total Days of Operation** – Enter the total days of operation for this site.
- A2. **Total Attendance** – Enter the total monthly attendance for this site.

Number of enrolled participants in each reimbursement category

- A3. **Free Category** – Enter the number of participants approved for free meals at this site for the month/year claiming.
- A4. **Reduced Category** – Enter the number of participants approved for reduced price meals at this site for the month/year claiming.
- A5. **Paid Category** – Enter the number of participants approved for paid meals at this site for the month/year claiming.

For Profit Centers Only (complete this section only if the site is for profit)

- A6. **Title XIX/Title XX** – Enter the number of participants eligible for Title XIX/Title XX enrolled at this site for the month/year claiming.

Adult Meals/Snacks Served

- A7. **Breakfast** – Enter the number of breakfasts served at this site for the month/year claiming.
 - A8. **AM Snack** – Enter the number of a.m. snacks served at this site for the month/year claiming.
 - A9. **Lunch** – Enter the number of lunches served at this site for the month/year claiming.
 - A10. **PM Snack** – Enter the number of p.m. snacks served at this site for the month/year claiming.
 - A11. **Supper** – Enter the number of suppers served at this site for the month/year claiming.
 - A12. **Evening Snack** – Enter the number of evening snacks served at this site for the month/year claiming.
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CHILD CARE CENTER

If this is a Child Care Center site, complete this section.

Attendance Reporting

Site Name and Site ID – Enter the Site Name and Site ID. The Site ID is the four-digit number that has been assigned to the site by TX-UNPS. If you do not know the Site ID, leave blank.

- C1. **Total Days of Operation** – Enter the total days of operation for this site.
- C2. **Total Attendance** – Enter the total monthly attendance for this site.

Number of enrolled participants in each reimbursement category

- C3. **Free Category** – Enter the number of participants approved for free meals at this site for the month/year claiming.
- C4. **Reduced Category** – Enter the number of participants approved for reduced price meals at this site for the month/year claiming.
- C5. **Paid Category** – Enter the number of participants approved for paid meals at this site for the month/year claiming.

For Profit Centers Only (complete this section only if the site is for profit)

- C6. **Number of Subsidized Children** – Enter the number of participants eligible for Title XX enrolled at this site for the month/year claiming.

Child Meals/Snacks Served

- C7. **Breakfast** – Enter the number of breakfasts served at this site for the month/year claiming.
 C8. **AM Snack** – Enter the number of a.m. snacks served at this site for the month/year claiming.
 C9. **Lunch** – Enter the number of lunches served at this site for the month/year claiming.
 C10. **PM Snack** – Enter the number of p.m. snacks served at this site for the month/year claiming.
 C11. **Supper** – Enter the number of suppers served at this site for the month/year claiming.
 C12. **Evening Snack** – Enter the number of evening snacks served at this site for the month/year claiming.
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OUTSIDE SCHOOL HOURS

If this is an Outside School Hours site, complete this section.

Attendance Reporting

Site Name and Site ID – Enter the Site Name and Site ID. The Site ID is the four-digit number that has been assigned to the site by TX-UNPS. If you do not know the Site ID, leave blank.

- O1. **Total Days of Operation** – Enter the total days of operation for this site.
 O2. **Total Attendance** – Enter the total monthly attendance for this site.

Number of enrolled participants in each reimbursement category

- O3. **Free Category** – Enter the number of participants approved for free meals at this site for the month/year claiming.
 O4. **Reduced Category** – Enter the number of participants approved for reduced price meals at this site for the month/year claiming.
 O5. **Paid Category** – Enter the number of participants approved for paid meals at this site for the month/year claiming.

For Profit Centers Only (complete this section only if the site is for profit)

- O6. **Number of Subsidized Children** – Enter the number of participants eligible for Title XX enrolled at this site.

Outside School Meals/Snacks Served

- C7. **Breakfast** – Enter the number of breakfasts served at this site for the month/year claiming.
 O8. **AM Snack** – Enter the number of a.m. snacks served at this site for the month/year claiming.
 O9. **Lunch** – Enter the number of lunches served at this site for the month/year claiming.
 O10. **PM Snack** – Enter the number of p.m. snacks served at this site for the month/year claiming.
 O11. **Supper** – Enter the number of suppers served at this site for the month/year claiming.
 O12. **Evening Snack** – Enter the number of evening snacks served at this site for the month/year claiming.
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EMERGENCY SHELTER

If this is an Emergency Shelter site, complete this section.

Attendance Reporting

Site Name and Site ID – Enter the Site Name and Site ID. The Site ID is the four-digit number that has been assigned to the site by TX-UNPS. If you do not know the Site ID, leave blank.

- E1. **Total Days of Operation** – Enter the total days of operation for this site.
- E2. **Total Attendance** – Enter the total monthly attendance for this site.

Emergency Shelter Meals/Snacks Served

- E3. **Breakfast** – Enter the number of breakfasts served at this site for the month/year claiming.
 - E4. **AM Snack** – Enter the number of a.m. snacks served at this site for the month/year claiming.
 - E5. **Lunch** – Enter the number of lunches served at this site for the month/year claiming.
 - E6. **PM Snack** – Enter the number of p.m. snacks served at this site for the month/year claiming.
 - E7. **Supper** – Enter the number of suppers served at this site for the month/year claiming.
 - E8. **Evening Snack** – Enter the number of evening snacks served at this site for the month/year claiming.
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HEAD START

If this is a Head Start site, complete this section.

Attendance Reporting

Site Name and Site ID – Enter the Site Name and Site ID. The Site ID is the four-digit number that has been assigned to the site by the Texas Unified Nutrition Programs System (TX-UNPS). If you do not know the Site ID, leave blank.

- H1. **Total Days of Operation** – Enter the total days of operation for this site.
- H2. **Total Attendance** – Enter the total monthly attendance for this site.

Head Start Meals/Snacks Served

- H3. **Breakfast** – Enter the number of breakfasts served at this site for the month/year claiming.
 - H4. **AM Snack** – Enter the number of a.m. snacks served at this site for the month/year claiming.
 - H5. **Lunch** – Enter the number of lunches served at this site for the month/year claiming.
 - H6. **PM Snack** – Enter the number of p.m. snacks served at this site for the month/year claiming.
 - H7. **Supper** – Enter the number of suppers served at this site for the month/year claiming.
 - H8. **Evening Snack** – Enter the number of evening snacks served at this site for the month/year claiming.
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AT RISK

If this is an At Risk Afterschool Care Center site, complete this section.

Attendance Reporting

Site Name and Site ID – Enter the Site Name and Site ID. The Site ID is the four-digit number that has been assigned to the site by TX-UNPS. If you do not know the Site ID, leave blank.

AR1. **Total Days of Operation** – Enter the total days of operation for this site.

AR2. **Number of Enrolled (Free)** – Enter the number of children who participated at this site for the month/year claiming.

AR3. **Total Attendance** – Enter the total monthly attendance for this site.

At Risk Meals/Snacks Served

AR4. **Breakfast** – Enter the number of breakfasts served at this site for the month/year claiming.

AR5. **Lunch** – Enter the number of lunches served at this site for the month/year claiming.

AR6. **Snacks** – Enter the number of snacks served at this site for the month/year claiming.

AR7. **Supper** – Enter the number of suppers served at this site for the month/year claiming.

CERTIFICATION

Read the Certification Statement. An authorized representative of the contracting entity signs, dates and prints their name and title.

SUBMITTAL

CEs Not Using TX-UNPS – Submit to one of the following:

Mail to:

Texas Department of Agriculture
Food and Nutrition
Attn: F&N Business Operations – Claims
P.O. Box 12847
Austin, Texas 78711-2847

Overnight/Deliver to:

Texas Department of Agriculture
Food and Nutrition
Attn: F&N Business Operations – Claims
1700 North Congress Ave.
Austin, Texas 78701

Fax to:

(888) 232-2759

Receipt of faxed forms by TDA F&N may be confirmed by calling (800) 264-5732 during normal business hours.