

Food and 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.

**CONTACT INFORMATION**

1. Name of Contracting Entity (CE)		2. CE ID	3. Month/Year Claimed	4. Version
5. Claim Preparer:				
Salutation	First Name	Last Name	6. Email Address	
7. Phone (include area code)	Extension	8. Fax (include area code)	9. Title	

**ADULT CARE CENTER**

**Attendance Reporting**

<b>Site Name</b>	<b>Site ID</b>
A1. Total Days of Operation:	
A2. Total Attendance:	

**Number of enrolled participants in each reimbursement category**

A3. Free Category:
A4. Reduced Category:
A5. Paid Category:

**For Profit Centers Only**

A6. Title XIX/Title XX:
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**Adult Meals/Snacks Served**

A7. Breakfast:
A8. AM Snack:
A9. Lunch:
A10. PM Snack:
A11. Supper:
A12. Evening Snack:

**CHILD CARE CENTER**

**Attendance Reporting**

<b>Site Name</b>	<b>Site ID</b>
C1. Total Days of Operation:	
C2. Total Attendance:	

**Number of enrolled participants in each reimbursement category**

C3. Free Category:
C4. Reduced Category:
C5. Paid Category:

**For Profit Centers Only**

C6. Number of Subsidized Children:
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**Child Meals/Snacks Served**

C7. Breakfast:
C8. AM Snack:
C9. Lunch:
C10. PM Snack:
C11. Supper:
C12. Evening Snack:

**OUTSIDE SCHOOL HOURS**

**Attendance Reporting**

<b>Site Name</b>	<b>Site ID</b>
O1. Total Days of Operation:	
O2. Total Attendance:	

**Number of enrolled participants in each reimbursement category**

O3. Free Category:
O4. Reduced Category:
O5. Paid Category:

**For Profit Centers Only**

O6. Number of Subsidized Children:
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**Outside School Hours Meals/Snacks Served**

O7. Breakfast:
O8. AM Snack:
O9. Lunch:
O10. PM Snack:
O11. Supper:
O12. Evening Snack:

**EMERGENCY SHELTER**

**Attendance Reporting**

<b>Site Name</b>	<b>Site ID</b>
E1. Total Days of Operation:	
E2. Total Attendance:	

**Emergency Shelter Meals/Snacks Served**

E3. Breakfast:
E4. AM Snack:
E5. Lunch:
E6. PM Snack:
E7. Supper:
E8. Evening Snack:

**HEAD START**

**Attendance Reporting**

<b>Site Name</b>	<b>Site ID</b>
H1. Total Days of Operation:	
H2. Total Attendance:	

**Head Start Meals/Snacks Served**

H3. Breakfast:
H4. AM Snack:
H5. Lunch:
H6. PM Snack:
H7. Supper:
H8. Evening Snack:

**AT RISK**

**Attendance Reporting**

<b>Site Name</b>	<b>Site ID</b>
AR1. Total Days of Operation:	
AR2. Number of Enrolled (Free):	
AR3. Total Attendance:	

**At Risk Meals/Snacks Served**

AR4. Breakfast:
AR5. Lunch:
AR6. Snack:
AR7. Supper:

**CERTIFICATION**

I certify to the best of my knowledge, this claim is true and correct in all respects, records are available to support the claim, the claim is in accordance with the existing agreement and that payment has not been received. I know that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

\_\_\_\_\_  
Signature – Authorized Representative of Contracting Entity

\_\_\_\_\_  
Date

Name (please type or print)	Title
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