

**INSTRUCTIONS FOR
FOOD & NUTRITION
CHILD AND ADULT CARE FOOD PROGRAM
DOCUMENTATION OF CLAIMED COSTS – MEALS SERVED**

Day care home sponsoring organizations must complete this form, or alternate, to record consolidated attendance, meal counts by type and by tier, and total Program dollars paid to each provider during each claim month. TDA staff will review this information during administrative reviews and at any time upon request.

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Name of Sponsor – Enter the name of the sponsoring organization contracting with TDA.

Organization ID – Enter the ID number that has been assigned by the TDA.

Month and Year – Enter the month and year for the claim month to which the information pertains.

Name of Provider – Enter each provider's name alphabetically by last name.

Registration or License No. – Enter the provider's registration or license number.

Attendance – Report provider attendance for only those children who will be claimed during the claim month.

- **Tier I providers** enter the total monthly attendance in the column labeled “Tier I.”
- **Tier II providers** enter the total monthly attendance as follows:
 - **Column labeled “II H”:** Children who have been determined eligible for Tier I reimbursement
 - **Column labeled “II L”:** Number of remaining children

Number of Meals Served – Enter the total number of meals served and claimed by meal type and tier.

- **Column labeled “I or II H”:** Number of meals served and claimed to all children who are determined eligible for Tier I reimbursement
- **Column labeled “II L” (Tier II Providers Only):** Number of meals served and claimed for all children ineligible for Tier I reimbursement

Total Payment to Provider – Enter the total reimbursement paid to each provider.

Totals – Enter the total

- Attendance by Tier classification
- Meals served by type and reimbursement tier
- Amount of reimbursement

CERTIFICATION

Signature – The form must be signed by a person designated as an authorized representative of the contracting organization.

Date – Enter the date the representative signed the form.

Title – Type or print the title of the representative signing the form.

