

**Child and Adult Care Food Program (CACFP)
Centers Claim for Reimbursement – Contracting Entity 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 – Contracting Entity 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

A1. Total Centers Claiming:
A2. Total Days of Operation:
A3. Total Attendance:

Number of enrolled participants in each reimbursement category

A4. Free Category:
A5. Reduced Category:
A6. Paid Category:

Adult Meals/Snacks Served

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

CHILD CARE CENTER

Attendance Reporting

C1. Total Centers Claiming:
C2. Total Days of Operation:
C3. Total Attendance:

Number of enrolled participants in each reimbursement category

C4. Free Category:
C5. Reduced Category:
C6. Paid Category:

Child Meals/Snacks Served

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

OUTSIDE SCHOOL HOURS

Attendance Reporting

O1. Total Centers Claiming:
O2. Total Days of Operation:
O3. Total Attendance:

Number of enrolled participants in each reimbursement category

O4. Free Category:
O5. Reduced Category:
O6. Paid Category:

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

E1. Total Centers Claiming:
E2. Total Days of Operation:
E3. Total Attendance:

Emergency Shelter Meals/Snacks Served

E4. Breakfast:
E5. AM Snack:
E6. Lunch:
E7. PM Snack:
E8. Supper:
E9. Evening Snack:

HEAD START

Attendance Reporting

H1. Total Centers Claiming:
H2. Total Days of Operation:
H3. Total Attendance:

Head Start Meals/Snacks Served

H4. Breakfast:
H5. AM Snack:
H6. Lunch:
H7. PM Snack:
H8. Supper:
H9. Evening Snack:

AT RISK

Attendance Reporting

AR1. Total Centers Claiming:
AR2. Total Days of Operation:
AR3. Number of Enrolled (Free):
AR4. Total Attendance:

At Risk Meals/Snacks Served

AR5. Breakfast:
AR6. Lunch:
AR7. Snack:
AR8. 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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