

**Child and Adult Care Food Program (CACFP)  
Day Care Homes Claim for Reimbursement – Provider Level**

Those contracting entities that **do not** use the Texas Unified Nutrition Programs System (TX-UNPS), use this form to submit a Day Care Homes Claim for Reimbursement – Provider 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	

**PROVIDER REPORTING AS: TIER I**

**Site Operations**

<b>Provider Name</b>	<b>Provider ID</b>
1. Number of Days Meals Served:	
2. Average Daily Attendance:	

**Meals Served**

1. Breakfast:
2. AM Snack:
3. Lunch:
4. PM Snack:
5. Supper:
6. Evening Snack:

**PROVIDER REPORTING AS: TIER II**

**Site Operations**

<b>Provider Name</b>	<b>Provider ID</b>
	<b>Tier II High      Tier II Low</b>
1. Number of Days Meals Served:	
2. Average Daily Attendance:	

**Meals Served**

	<b>Tier II High      Tier II Low</b>
1. Breakfast:	
2. AM Snack:	
3. Lunch:	
4. PM Snack:	
5. Supper:	
6. Evening Snack:	

**Day Care Home Total Costs**

1. Total Administrative Costs:
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**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.
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Signature – Authorized Representative of Contracting Entity	Date
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Name (please type or print)	Title
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