INSTRUCTIONS FOR
FOOD & NUTRITION
CHILD AND ADULT CARE FOOD PROGRAM
DOCUMENTATION OF MEALS CLAIMED

Contracting entities (CEs) must use 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 Contracting Entity (CE) – Enter the name of the contracting entity.

CE ID – Enter the five-digit CE ID that has been assigned by the Texas Unified Nutrition Programs System (TX-UNPS).

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 attendance for only those children who will be claimed during the claim month. Enter the total monthly attendance for a Tier I provider in the column labeled "I". If a **Tier II provider's enrollment** consists of children who have been determined eligible for **Tier I reimbursement**, enter the total monthly attendance for those children in the column labeled "IIH". Enter the Tier II provider's remaining attendance in the column labeled "IIL".

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

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

Read the Certification Statement. An authorized representative signs, dates, and enters his/her title certifying that the completed information is true and correct.

Texas Department of Agriculture

Form H1534
October 2017

Documentation of Meals Claimed
(Day Care Home Program)

Name of Contracting Entity	CE ID	Month and Year

Name of Provider (List alphabetically)	**Registration or License No.**	**Attendance**			**Number of Meals Served**												**Total Payment to Provider**
					Breakfast		**AM**		**Lunch**		**PM**		**Supper**		**Evening**		
		I	**II H**	**II L**	**I**	**II**	**I**	**II**	**I**	**II**	**I**	**II**	**I**	**II**	**I**	**II**	
	Totals:																

I certify that the information on this form is true and correct to the best of my knowledge. I understand that misrepresentation or withholding of information may result in prosecution under applicable state and Federal laws.

______________________ ______________________________ __________ __________________ ________________ ______________________

Signature - Authorized Representative Date Title