PURPOSE

Contracting Organizations use Form H4535 to report information necessary to determine reimbursement eligibility for the claim month for proprietary for-profit adult day care centers.

Contractors that sponsor both nonprofit and proprietary for-profit adult day care centers also use Form H4535 to report information necessary to determine reimbursement eligibility for the claim month for the proprietary for-profit centers and to record the total enrollment for the month for the nonprofit centers.

When to Prepare

Complete for each calendar month of program participation when submitting a paper Form H1532, Claim for Reimbursement.

Number of Copies

Complete an original and one copy.

Transmittal

Send the original Form H4535 with Form H1532 and keep the copy in your contract files. If you submit Form H1532 and H4535 via fax, keep the original with the copy in your program files.

How to Obtain Copies

Make additional copies as needed or download Form H4535 by accessing the Texas Department of Agriculture (TDA) website at www.snptexas.org, select “Continue to SNPTexas.org” and click on FND Forms in the menu on the left hand side of the page.
Form Retention

Keep Form H4535 for three years and 90 days from the end of the program year. **Exception:** If audit findings, claims, or litigation have not been resolved by the end of the retention period, all forms and records must be retained until all issues are resolved.

**DETAILED INSTRUCTIONS**

1. **Amended Claim** — Place an X in the box if this certification is for an adjusted claim for reimbursement.

2. **Contract No.** — Enter the seven-digit contractor number which begins with the pre-printed number "75." This is not the same number as the "program" or "TX" number.

3. **Name of Contracting Organization** — Enter the name of the contracting organization.

4. **Program (TX) No.** — Enter the contracting organization’s program (TX) number.

5. **Month and Year of Claim (mm/yyyy)** — Enter the month and year for which the claim is made.

6. **Name of Center** — Enter the name of each center approved to participate in the CACFP, including those for which no claim for reimbursement is made. Contractors that sponsor both nonprofit centers and proprietary for-profit centers must enter the name of each nonprofit center and proprietary for-profit center in Item 6 of Form H4535.

7. **Enrollment Information** — Do not include institutionalized participants in the numbers reported in Columns A-C.

   A. **Number of Participants Receiving Title XIX/XX (Nonprofit Entities Enter Total Enrollment)** — Enter the number of participants enrolled at each proprietary for-profit adult day care center who received Title XIX/XX benefits during the claim month. If the contractor is also including the number of participants receiving care at nonprofit adult day care centers, the contractor must enter the enrollment for the claim month for each of the nonprofit adult day care centers and enter that total, by nonprofit center, in Column A of Item 7 on the line that corresponds to the centers name in Item 6.
**B. Total Number of Enrolled Participants** — Enter the total number of participants enrolled for adult day care at each adult day care center. Contractors that sponsor nonprofit adult day care centers enter the same total enrollment figure entered in Item 7. A. for each nonprofit center. The sum of enrollment for all centers that have "yes" checked in Column C should equal the total of Item 15 on Form H1532, CACFP Adult Day Care section.

**C. Is this Center Eligible to Claim CACFP Meals this Month** — Contractors that sponsor nonprofit adult day care centers must always mark "yes" in this column on the line that corresponds with the entry for each nonprofit center in Item 6. Mark "yes" for proprietary for-profit centers if the number of participants receiving Title XIX/XX in Column A is 25% or more of the total number of participants enrolled in Column B. Mark "no" if the percentage is less than 25%.

Contractors are not eligible to claim meals in the CACFP for a proprietary for-profit center when less than 25% of the enrolled participants in that center received Title XIX/XX benefits for the claim month.

Do not round off. Any percentage less than 25%, such as 24.99%, makes the center ineligible to claim for that month.

**Signature Block**

8. **Signature of Authorized Representative** — Form H4535 must be signed by an authorized representative as listed on Form H4508, Certificate of Authority.

9. **Date** — Enter the date Form H4535 was signed.

10. **Title** — Print or type the title of the person who signed Form H4535.