Date: March 10, 2008
Reference: # CACFP ADC 2008-7
To: Child and Adult Care Food Program-Adult Day Care (CACFP-ADC) Contractors
Subject: Revised Form H1532, Claim For Reimbursement
Effective Date: Immediately

Purpose
This Policy Alert notifies CACFP-ADC contractors of the revised form H1532, Claim for Reimbursement.

Implementation
Immediately

Form H1532, Claim for Reimbursement, has been revised to indicate the following changes to the address and Fax number to submit paper claims and the telephone number to confirm receipt of faxed claims.

Note: It continues to be recommended that contractors claim for reimbursement via the Internet Nutrition Assistance Payment Processing (INAPP) System.

Contractors who submit paper copies of Form H1532, Claim for Reimbursement, must mail the form to the following address:

Texas Department of Agriculture
Food & Nutrition Division
P.O. Box 12847
Austin, TX 78711

Contractors who submit Form H1532 via Fax must fax the form to (888) 232-2759. Receipt of the faxed Form H1532 by the Texas Department of Agriculture (TDA) must be confirmed by calling (800) 264-5732 during normal business hours.

Please destroy existing supplies of Form H1532 and instructions with a version date different from version date February 2008. You must replace Form H1532 and instructions in the Forms Section of your handbook with the February 2008 version attached.

Contact
If you have any questions please contact your Food and Nutrition Field Operations Office.

ATTACHMENT

This Policy Remains in Effect Until Further Notice