

**INSTRUCTIONS FOR
FOOD & NUTRITION
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
DAY CARE HOMES CLAIM FOR REIMBURSEMENT – PROVIDER LEVEL**

Those contracting entities (CEs) 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. Complete page one for each provider the CE is claiming for the month/year indicated. You may not enter multiple providers on the same claim form. Complete a single page two to report the total administrative costs and income for the month/year indicated. A copy of the completed form(s), with all supporting documentation, must be kept by the CE. Claims must be postmarked or received by the Texas Department of Agriculture (TDA) Food and Nutrition (F&N) no later than 60 days after the last day of the claim month.

CONTACT INFORMATION

1. **Name of Contracting Entity (CE)** – Enter the legal name of the contracting entity.
2. **CE ID** – Enter your Five-digit CE ID that has been assigned to you by TX-UNPS. If you do not know your CE ID, leave blank.
3. **Month/Year Claimed** - Enter the month and the year for which the claim is made.
4. **Version** – Enter the version for this submittal. If this is your initial submittal for this Month/Year, you will enter “Original”. For each version (adjustment) submitted after your initial submittal, enter “Adjustment 1”, “Adjustment 2”, and so on.
5. **Claim Preparer** – Enter the following for the contracting entity’s staff member who completed this claim: salutation, first name and last name. The salutation is a required field and must be one of the following: Brother, Dr., Father, Honorable, Miss, Mr., Mrs., Ms., Msgr., Rabbi, Reverend or Sister. This person must be an Authorized Representative.
6. **Email Address** – Enter the email address of the claim preparer.
7. **Phone** – Enter the phone number (include area code) and extension of the claim preparer.
8. **Fax** – Enter the fax number (include area code) of the claim preparer.
9. **Title** – Enter the title of the claim preparer.

PROVIDER REPORTING AS: TIER I

If this is a Tier I provider, complete this section.

Site Operations

Provider Name and Provider ID – Enter the Provider Name and Provider ID. The Provider ID is the four-digit number that has been assigned to the provider by TX-UNPS. If you do not know the Provider ID, leave blank.

1. **Number of Days Meals Served** – Enter the total number of days meals were served for the claim month/year for this provider.
2. **Average Daily Attendance** – Enter the average daily attendance for this provider. To calculate the average daily attendance, divide the total monthly attendance by the number of days meals served. Only enter the whole number result of the calculation rounded up. Example, total monthly attendance = 200, number of days meals served = 21, 200 divided by 21 = 9.52. You will enter 10.

Meals Served

1. **Breakfast** – Enter the number of breakfasts served by this provider for the month/year claiming.
2. **AM Snack** – Enter the number of a.m. snacks served by this provider for the month/year claiming.
3. **Lunch** – Enter the number of lunches served by this provider for the month/year claiming.
4. **PM Snack** – Enter the number of p.m. snacks served by this provider for the month/year claiming.
5. **Supper** – Enter the number of suppers served by this provider for the month/year claiming.
6. **Evening Snack** – Enter the number of evening snacks served by this provider for the month/year claiming.

PROVIDER REPORTING AS: TIER II

If this is a Tier II provider, complete this section.

Site Operations

Provider Name and Provider ID – Enter the Provider Name and Provider ID. The Provider ID is the four-digit number that has been assigned to the provider by TX-UNPS. If you do not know the Provider ID, leave blank.

1. **Number of Days Meals Served** – Enter the total number of days meals were served for the claim month/year for this provider by Tier II High and/or Tier II Low. Enter the information for all Tier I children under Tier II High and all Tier II children under Tier II Low. Example: Provider served for 20 days in the claiming month. For 15 of those 20 days she had Tier I children participating, while for all 20 days she had Tier II children participating. You will enter 15 under Tier II High and 20 under Tier II Low.
2. **Average Daily Attendance** – Enter the average daily attendance for this provider by Tier II High and/or Tier II Low. To calculate the average daily attendance, divide the total monthly attendance by the number of days meals served separated by child's Tier. Only enter the whole number result of the calculation rounded up. Example, total monthly attendance for all Tier I children = 102, number of days meals served to Tier I children = 15, 102 divided by 15 = 6.80. You will enter 7 under Tier II High.

Meals Served

1. **Breakfast** – Enter the number of breakfasts served by this provider by Tier II High and/or Tier II Low for the month/year claiming.
2. **AM Snack** – Enter the number of a.m. snacks served by this provider by Tier II High and/or Tier II Low for the month/year claiming.
3. **Lunch** – Enter the number of lunches served by this provider by Tier II High and/or Tier II Low for the month/year claiming.
4. **PM Snack** – Enter the number of p.m. snacks served by this provider by Tier II High and/or Tier II Low for the month/year claiming.
5. **Supper** – Enter the number of suppers served by this provider by Tier II High and/or Tier II Low for the month/year claiming.
6. **Evening Snack** – Enter the number of evening snacks served by this provider by Tier II High and/or Tier II Low for the month/year claiming.

Day Care Home Total Costs

Enter the total administrative costs, by cost category, and the total other source income, by source, for the month/year claimed.

CERTIFICATION

Read the Certification Statement. An authorized representative of the contracting entity signs, dates and prints their name and title.

SUBMITTAL

CEs Not Using TX-UNPS – Submit to one of the following:

Mail to:

Texas Department of Agriculture
Food and Nutrition
Attn: F&N Business Operations – Claims
P.O. Box 12847
Austin, Texas 78711-2847

Overnight/Deliver to:

Texas Department of Agriculture
Food and Nutrition
Attn: F&N Business Operations – Claims
1700 North Congress Ave.
Austin, Texas 78701

Fax to:

(888) 232-2759

Receipt of faxed forms by TDA F&N may be confirmed by calling (800) 264-5732 during normal business hours.