

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

CLAIM REPORT

Attendance Reporting

	Tier I	Tier II High	Tier II Low	Tier II Mix	Total
1. Number of Participating Homes:					
2. Number of Days Meals Served:					
3. Average Daily Attendance:					

Meals Served

	Tier I	Tier II High	Tier II Low	Total Meals
4. Breakfast:				
5. AM Snack:				
6. Lunch:				
7. PM Snack:				
8. Supper:				
9. 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.

_____ Signature – Authorized Representative of Contracting Entity	_____ Date
Name (please type or print)	Title