



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Child Nutrition Services
 Old Capitol Building, PO BOX 47200
 OLYMPIA, WA 98504-7200
 (360) 725-6200 TTY (360) 664-3631 Toll Free 1-877-204-6486

AGREEMENT NUMBER

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Child and Adult Care Food Program

CHILD CARE CENTER REIMBURSEMENT CLAIM

All claims must be received by the date indicated on the claim form instructions, in order for the claim to be paid by the last day of the month covered by this claim for reimbursement. A copy of this claim must be kept by the institution. Regulation (7 CFR 226.10(e)) requires that original claims for reimbursement be postmarked no later than 60 days following the month of operation and that upward revised claims for reimbursement be postmarked no later than 90 days following the month of operation. Claims postmarked after the deadline may not be paid. Remember to enter the CACFP agreement number in the upper right-hand corner of this form.

PROGRAM IDENTIFICATION	
NAME OF INSTITUTION	CENTER TYPE <input type="checkbox"/> At Risk <input type="checkbox"/> Homeless <input type="checkbox"/> Child Care
ADDRESS	MONTH/YEAR OF THIS CLAIM <input type="text"/> - <input type="text"/>
CONTACT PERSON	TELEPHONE
TYPE OF SUBMISSION a. Original <input type="checkbox"/> b. Institution Revision <input type="checkbox"/> c. Date of Revision _____	

ATTENDANCE REPORTING					
	Child Care	Head Start	Outside-School-Hours	Emergency Shelter	At-Risk (ASCS)
Number of Sites Claiming					
Average Daily Attendance					
Number of Days Meals were Provided					
Total Enrollment of Sites Claiming					

30-DAY STUDY MONTH		INCOME ELIGIBILITY			
From Date	To Date	Number of Free	Number of Reduced-Priced	Number of Above-Scale	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MEALS SERVED			
	Meals Served (Exclude Emergency Shelter)	Emergency Shelter (Meals Served Only)	At Risk (Only)
Breakfast			
A.M. Snacks			
Lunch			
P.M. Snacks			
Supper			
Evening Snacks			
At-risk Snacks			
Total			

ATTENDANCE DETAIL FOR-PROFIT SITE					
(Attach a list of all for-profit sites claiming this month and provide the information below for each site.)					
Site Name	License Capacity	Total Enrollment	Number Title XX Eligible Enrolled	Number of Free and Reduced-Price Eligible Enrolled	Percent Eligible

YEAR-TO-DATE OPERATING COSTS (Multiple Site Institutions Complete in July, August, and September)	
Year-to-date operating costs are:	\$ <input type="text"/>

CERTIFICATION		
I certify that this claim is true and correct; that records are available to support this claim; that it is in accordance with the terms of existing agreement(s); and that payment therefore has not been received. If a proprietary center, compensation is received from the Department of Social and Health Services for Title XX children for not less than 25 percent of total enrollment or licensed capacity or compensation is based on free and reduced-price eligibility for not less than 25 percent of total enrollment. For multiple sites each site must meet the 25 percent criteria.		
Date of Preparation	Printed Name of Authorized Signature	Authorized Signature