

AR Department of Human Services / Division of Childcare and Early Childhood Education
REIMBURSEMENT CLAIM FORM - Child and Adult Care Food Program

1. Name/Address _____			2. Month Year _____		3. # Days Food Service Provided _____		Agreement # _____ Adjusted Claim _____ (Place an X if Adjusted)			
4. Average Daily Attendance			5. * Child		* Adult		6. # of Centers		7. Food Costs (itemized receipts must be on file)	
Child	Adult	Outside School	Free	_____	Free	_____	Child	Adult	\$ _____	
_____	_____	_____	Reduced	_____	Reduced	_____	_____	_____		
			Paid	_____	Paid	_____				

*** A Current and Complete Income Eligibility Form must be on file for all Participants Claimed in "Free" and "Reduced" categories.**

8. Children			9. Adults			10. Outside School / At Risk		
Breakfast	_____		Breakfast	_____				
Lunch	_____		Lunch	_____		PM Snacks	_____	
AM Snacks	_____		AM Snacks	_____		Suppers	_____	
PM Snacks	_____		PM Snacks	_____				
Late Snacks	_____		Late Snacks	_____				
	Total Snacks	_____		Total Snacks	_____			
Suppers	_____		Suppers	_____				

PLEASE Remember to attach back-up sheet for all sites claimed.

I certify to the best of my knowledge and belief that this claim is true and correct in all aspects. Records are available to support this claim and that it is in accordance with the terms of any and all existing Agreements. I recognize that I will be fully responsible for any excess amounts that may result from erroneous or neglectful reporting. I understand that this information is being given in connection with the receipt of Federal funds. I fully understand that deliberate misrepresentations may subject me to prosecution under applicable State and Federal Statutes.

Signature of Authorized Representative Title Date SNP Office-Keyed By Date: