

CACFP Agreement # _____

SPONSOR NAME	CLAIM MONTH	CLAIM YEAR	ADJUSTED CLAIM? YES ___ NO ___
--------------	-------------	------------	-----------------------------------

<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>CENTER NUMBER</td></tr> <tr><td>CENTER NAME</td></tr> <tr><td style="text-align:center;">ATTENDANCE REPORTING</td></tr> <tr><td>TOTAL DAYS OF OPERATION</td></tr> <tr><td>TOTAL ATTENDANCE</td></tr> <tr><td style="text-align:center;">INCOME ELIGIBILITY CATEGORIES FOR ALL PARTICIPANTS</td></tr> <tr><td>FREE CATEGORY</td></tr> <tr><td>REDUCED-PRICE CATEGORY</td></tr> <tr><td>PAID CATEGORY</td></tr> <tr><td>TOTAL ENROLLED</td></tr> <tr><td style="text-align:center;">FOR-PROFIT CENTERS ONLY</td></tr> <tr><td>NUMBER OF CHILDREN/ ADULTS RECEIVING SUBSIDY</td></tr> <tr><td style="text-align:center;">MEALS/ SNACKS SERVED</td></tr> <tr><td>BREAKFAST</td></tr> <tr><td>AM SNACK</td></tr> <tr><td>LUNCH</td></tr> <tr><td style="text-align:center;">SECOND MEALS/ SNACKS SERVED</td></tr> <tr><td>BREAKFAST</td></tr> <tr><td>AM SNACK</td></tr> <tr><td>LUNCH</td></tr> <tr><td style="text-align:center;">AT-RISK SNACKS/ SUPPERS</td></tr> <tr><td>TOTAL DAYS OF OPERATION</td></tr> <tr><td>TOTAL ATTENDANCE</td></tr> <tr><td>SNACKS</td></tr> <tr><td>SUPPERS</td></tr> </table>	CENTER NUMBER	CENTER NAME	ATTENDANCE REPORTING	TOTAL DAYS OF OPERATION	TOTAL ATTENDANCE	INCOME ELIGIBILITY CATEGORIES FOR ALL PARTICIPANTS	FREE CATEGORY	REDUCED-PRICE CATEGORY	PAID CATEGORY	TOTAL ENROLLED	FOR-PROFIT CENTERS ONLY	NUMBER OF CHILDREN/ ADULTS RECEIVING SUBSIDY	MEALS/ SNACKS SERVED	BREAKFAST	AM SNACK	LUNCH	SECOND MEALS/ SNACKS SERVED	BREAKFAST	AM SNACK	LUNCH	AT-RISK SNACKS/ SUPPERS	TOTAL DAYS OF OPERATION	TOTAL ATTENDANCE	SNACKS	SUPPERS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>CENTER NUMBER</td></tr> <tr><td>CENTER NAME</td></tr> <tr><td style="text-align:center;">ATTENDANCE REPORTING</td></tr> <tr><td>TOTAL DAYS OF OPERATION</td></tr> <tr><td>TOTAL ATTENDANCE</td></tr> <tr><td style="text-align:center;">INCOME ELIGIBILITY CATEGORIES FOR ALL PARTICIPANTS</td></tr> <tr><td>FREE CATEGORY</td></tr> <tr><td>REDUCED-PRICE CATEGORY</td></tr> <tr><td>PAID CATEGORY</td></tr> <tr><td>TOTAL ENROLLED</td></tr> <tr><td style="text-align:center;">FOR-PROFIT CENTERS ONLY</td></tr> <tr><td>NUMBER OF CHILDREN/ ADULTS RECEIVING SUBSIDY</td></tr> <tr><td style="text-align:center;">MEALS/ SNACKS SERVED</td></tr> <tr><td>BREAKFAST</td></tr> <tr><td>AM SNACK</td></tr> <tr><td>LUNCH</td></tr> <tr><td style="text-align:center;">SECOND MEALS/ SNACKS SERVED</td></tr> <tr><td>BREAKFAST</td></tr> <tr><td>AM SNACK</td></tr> <tr><td>LUNCH</td></tr> <tr><td style="text-align:center;">AT-RISK SNACKS/ SUPPERS</td></tr> <tr><td>TOTAL DAYS OF OPERATION</td></tr> <tr><td>TOTAL ATTENDANCE</td></tr> <tr><td>SNACKS</td></tr> <tr><td>SUPPERS</td></tr> </table>	CENTER NUMBER	CENTER NAME	ATTENDANCE REPORTING	TOTAL DAYS OF OPERATION	TOTAL ATTENDANCE	INCOME ELIGIBILITY CATEGORIES FOR ALL PARTICIPANTS	FREE CATEGORY	REDUCED-PRICE CATEGORY	PAID CATEGORY	TOTAL ENROLLED	FOR-PROFIT CENTERS ONLY	NUMBER OF CHILDREN/ ADULTS RECEIVING SUBSIDY	MEALS/ SNACKS SERVED	BREAKFAST	AM SNACK	LUNCH	SECOND MEALS/ SNACKS SERVED	BREAKFAST	AM SNACK	LUNCH	AT-RISK SNACKS/ SUPPERS	TOTAL DAYS OF OPERATION	TOTAL ATTENDANCE	SNACKS	SUPPERS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>CENTER NUMBER</td></tr> <tr><td>CENTER NAME</td></tr> <tr><td style="text-align:center;">ATTENDANCE REPORTING</td></tr> <tr><td>TOTAL DAYS OF OPERATION</td></tr> <tr><td>TOTAL ATTENDANCE</td></tr> <tr><td style="text-align:center;">INCOME ELIGIBILITY CATEGORIES FOR ALL PARTICIPANTS</td></tr> <tr><td>FREE CATEGORY</td></tr> <tr><td>REDUCED-PRICE CATEGORY</td></tr> <tr><td>PAID CATEGORY</td></tr> <tr><td>TOTAL ENROLLED</td></tr> <tr><td style="text-align:center;">FOR-PROFIT CENTERS ONLY</td></tr> <tr><td>NUMBER OF CHILDREN/ ADULTS RECEIVING SUBSIDY</td></tr> <tr><td style="text-align:center;">MEALS/ SNACKS SERVED</td></tr> <tr><td>BREAKFAST</td></tr> <tr><td>AM SNACK</td></tr> <tr><td>LUNCH</td></tr> <tr><td style="text-align:center;">SECOND MEALS/ SNACKS SERVED</td></tr> <tr><td>BREAKFAST</td></tr> <tr><td>AM SNACK</td></tr> <tr><td>LUNCH</td></tr> <tr><td style="text-align:center;">AT-RISK SNACKS/ SUPPERS</td></tr> <tr><td>TOTAL DAYS OF OPERATION</td></tr> <tr><td>TOTAL ATTENDANCE</td></tr> <tr><td>SNACKS</td></tr> <tr><td>SUPPERS</td></tr> </table>	CENTER NUMBER	CENTER NAME	ATTENDANCE REPORTING	TOTAL DAYS OF OPERATION	TOTAL ATTENDANCE	INCOME ELIGIBILITY CATEGORIES FOR ALL PARTICIPANTS	FREE CATEGORY	REDUCED-PRICE CATEGORY	PAID CATEGORY	TOTAL ENROLLED	FOR-PROFIT CENTERS ONLY	NUMBER OF CHILDREN/ ADULTS RECEIVING SUBSIDY	MEALS/ SNACKS SERVED	BREAKFAST	AM SNACK	LUNCH	SECOND MEALS/ SNACKS SERVED	BREAKFAST	AM SNACK	LUNCH	AT-RISK SNACKS/ SUPPERS	TOTAL DAYS OF OPERATION	TOTAL ATTENDANCE	SNACKS	SUPPERS
CENTER NUMBER																																																																													
CENTER NAME																																																																													
ATTENDANCE REPORTING																																																																													
TOTAL DAYS OF OPERATION																																																																													
TOTAL ATTENDANCE																																																																													
INCOME ELIGIBILITY CATEGORIES FOR ALL PARTICIPANTS																																																																													
FREE CATEGORY																																																																													
REDUCED-PRICE CATEGORY																																																																													
PAID CATEGORY																																																																													
TOTAL ENROLLED																																																																													
FOR-PROFIT CENTERS ONLY																																																																													
NUMBER OF CHILDREN/ ADULTS RECEIVING SUBSIDY																																																																													
MEALS/ SNACKS SERVED																																																																													
BREAKFAST																																																																													
AM SNACK																																																																													
LUNCH																																																																													
SECOND MEALS/ SNACKS SERVED																																																																													
BREAKFAST																																																																													
AM SNACK																																																																													
LUNCH																																																																													
AT-RISK SNACKS/ SUPPERS																																																																													
TOTAL DAYS OF OPERATION																																																																													
TOTAL ATTENDANCE																																																																													
SNACKS																																																																													
SUPPERS																																																																													
CENTER NUMBER																																																																													
CENTER NAME																																																																													
ATTENDANCE REPORTING																																																																													
TOTAL DAYS OF OPERATION																																																																													
TOTAL ATTENDANCE																																																																													
INCOME ELIGIBILITY CATEGORIES FOR ALL PARTICIPANTS																																																																													
FREE CATEGORY																																																																													
REDUCED-PRICE CATEGORY																																																																													
PAID CATEGORY																																																																													
TOTAL ENROLLED																																																																													
FOR-PROFIT CENTERS ONLY																																																																													
NUMBER OF CHILDREN/ ADULTS RECEIVING SUBSIDY																																																																													
MEALS/ SNACKS SERVED																																																																													
BREAKFAST																																																																													
AM SNACK																																																																													
LUNCH																																																																													
SECOND MEALS/ SNACKS SERVED																																																																													
BREAKFAST																																																																													
AM SNACK																																																																													
LUNCH																																																																													
AT-RISK SNACKS/ SUPPERS																																																																													
TOTAL DAYS OF OPERATION																																																																													
TOTAL ATTENDANCE																																																																													
SNACKS																																																																													
SUPPERS																																																																													
CENTER NUMBER																																																																													
CENTER NAME																																																																													
ATTENDANCE REPORTING																																																																													
TOTAL DAYS OF OPERATION																																																																													
TOTAL ATTENDANCE																																																																													
INCOME ELIGIBILITY CATEGORIES FOR ALL PARTICIPANTS																																																																													
FREE CATEGORY																																																																													
REDUCED-PRICE CATEGORY																																																																													
PAID CATEGORY																																																																													
TOTAL ENROLLED																																																																													
FOR-PROFIT CENTERS ONLY																																																																													
NUMBER OF CHILDREN/ ADULTS RECEIVING SUBSIDY																																																																													
MEALS/ SNACKS SERVED																																																																													
BREAKFAST																																																																													
AM SNACK																																																																													
LUNCH																																																																													
SECOND MEALS/ SNACKS SERVED																																																																													
BREAKFAST																																																																													
AM SNACK																																																																													
LUNCH																																																																													
AT-RISK SNACKS/ SUPPERS																																																																													
TOTAL DAYS OF OPERATION																																																																													
TOTAL ATTENDANCE																																																																													
SNACKS																																																																													
SUPPERS																																																																													

CERTIFICATION by AUTHORIZED REPRESENTATIVE (a completed certificate of authority must be on file). I certify, to the best of my knowledge and belief, that this claim is true and correct in all respects; that records are available to support this claim; that it is in accordance with the terms and conditions of existing agreements; and that payment therefore has not been received. I recognize that I will be fully responsible for any excess amount that may result from erroneous or neglectful reporting herein. Also, I am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes. I agree to contact the Child and Adult Care Food Program (CACFP) if there are any changes in the approved application and sponsor agreement.

SIGNATURE

TITLE

DATE SIGNED

THIS FORM PREPARED BY _____

TELEPHONE (INCLUDE AREA CODE) _____

FOR STATE USE ONLY
COMMENTS:

PROCESSED ___ RETURNED ___ REJECTED ___

DATE/ INITIALS

This institution is an equal opportunity provider.

INSTRUCTIONS FOR COMPLETING DOH-3703

GENERAL INSTRUCTIONS

- A. If you have any questions while completing the claim, please call CACFP at 1-800-942-3858 for assistance.
- B. This Claim for Reimbursement for Sponsors of Day Care Centers (DOH-3703) must be typed or handwritten legibly in black or blue ink. Report program information for only one calendar month on each claim form.
- C. To be paid for meals served, this claim form must be submitted to CACFP. Contact CACFP if you would like to claim online.
- D. CACFP encourages sponsors to submit claims by the 10th of the month following the claim month. CACFP can accept claims received within 60 days of the last day of the claim month.
- E. Reimbursement for all meals and snacks (except At-Risk and Shelters) is calculated as a percentage of the number of enrolled participants in the free, reduced-price and paid reimbursement categories, as reported on this claim. At-Risk meals for approved centers and meals claimed for Shelters are paid at the free rate.
- F. All program records including income eligibility forms, attendance, meal counts, receipts, invoices, etc. must be kept and available for review for a period of 3 years after the submission of the final claim for the fiscal year for which they pertain.
- G. Your claim will be returned or payment delayed if not complete.

SPECIFIC INSTRUCTIONS

Complete the claim form from top to bottom. Write all of the information for your first center in the left column, then report each additional center in a separate column. If you have more than three centers, use additional pages.

CACFP Agreement #: Write in your 4 digit CACFP agreement number, which can be found on your CACFP application and approval letter.

Sponsor Name: Enter the complete name of your Organization as stated on your CACFP application and approval letter.

Claim Month: Enter, in numbers, the month that this claim or adjusted claim covers.

Claim Year: Enter, in numbers, the year that this claim or adjusted claim covers.

Adjusted Claim: Check if this claim is an ADJUSTED CLAIM. An adjusted claim allows you to report changes to the original claim; i.e., additional meals or less meals you may have over-claimed. The adjusted claim must report the correct number of meals; CACFP will calculate your reimbursement by comparing it against your original claim.

Center Number: Enter the four-digit number assigned to each center.

Center Name: Write in the name of the center corresponding to the CACFP center number.

Attendance Reporting

Total Days of Operation: Enter the number of days the center was in operation during the month of the claim

Total Attendance: Add together the number of participants in attendance for each day of operation, and then enter the grand total of these numbers.

Income Eligibility Categories for All Participants: Enter the number of participants whose income eligibility form makes them eligible to be claimed in the free, reduced-price or paid category. Any participant without an income eligibility form must be reported in the paid category. The total should equal the number of participants enrolled in care during the claim month. If only At-Risk meals are claimed, or the center is an emergency shelter, do not complete this section.

For-Profit Centers Only: For-profit child care centers are eligible to submit a claim only if 25% of the enrolled participants, or 25% of the licensed capacity (whichever is less) receive subsidized tuition payments or are eligible to be claimed in the free or reduced-price income eligibility category. If the number of free and reduced-price does not equal 25%, write in the total number of children whose tuition is subsidized by DSS, ACS or HRA. For-profit adult day care centers are eligible to submit a claim for any month that Medicaid payments have been received for 25% or more of the enrolled adults.

Meals/Snacks Served: Enter the total number of meals served to eligible participants at the center.

Second Meals/Snacks Served: For vended centers approved to claim Seconds, enter the number of second meals served.

At Risk Snacks/Suppers:

Total Days of Operation: Enter the number of days the center was in operation during the month of the claim.

Total Attendance: Add together the number of participants in attendance for each day of operation, and then enter the grand total of these numbers.

A child receiving At-Risk and non-At-Risk meals (for example, At-Risk Snack and Breakfast) would be reported in both Total Attendance sections of the claim.

<p>SIGN the claim before submitting it to CACFP. Only the original signature of an authorized representative, as indicated on the Certificate of Authority (DOH-3671), will be accepted. Make a copy for your records and mail the original form to: NYS DOH Child & Adult Care Food Program, 150 Broadway Suite 600, Albany, NY 12204</p>
--