

**Child and Adult Care Food Program – Brookings Family Resource Network
Claim for the Month of _____, 20 _____**

Name: _____ Telephone #: _____

Registration/License Number: _____ Expiration Date: _____

I am registered for _____ children, including _____ of my own, below the age of six.

Total number of days I provided childcare during the month was: _____

Total number of children served during the month: _____ (add daily attendance from meal roster to calculate this number)

I hereby certify that I have served all meals and snacks being claimed on this form, and that these meals and snacks have met CACFP requirements for the ages of children being served. I do hereby attest that the information submitted is accurate in all aspects; that it is given in connection with the receipt of Federal Funds and that deliberate misrepresentation may result in State or Federal prosecution.

(Provider's Signature) _____ (Date) _____

Claim forms are due in the Family Resource Network by the 5th of each month. The following is an estimated timeline for receiving payment.

1. Claim form/roster received at the FRN **by the 5th of each month** – check should arrive by the 20th of the same month.
2. Claim form/roster **arriving after the 5th of each month but before the 20th of the month** will not be processed until after the 20th of that month. Checks will be mailed out as soon as they are received.
3. Claim form/roster **arriving after the 20th of the month** will not be processed until after the 10th of the following month.
4. **Claims will not be accepted if they arrive at the FRN 30 days past the due date.**

DO NOT WRITE IN ANY SHADED AREA – FOR SPONSOR USE ONLY

Tier 1 (High) Reimbursement Only

Unit Description	Meals Served		Reimb. Rate	Total Reimb. Requested	
Breakfast					
Lunch					
Snacks					
Dinner					
Total Meals Served					
Total Reimbursement Requested					
DO NOT WRITE IN THIS AREA Total Reimbursement Approved					

Tier 2 (Low) Reimbursement Only

Unit Description	Meals Served		Reimb. Rate	Total Reimb. Requested	
Breakfast					
Lunch					
Snacks					
Dinner					
Total Meals Served					
Total Reimbursement Requested					
DO NOT WRITE IN THIS AREA Total Reimbursement Approved					

**Combination Tier Homes
Total Meals Served to Daycare Children**

Breakfast	Lunch	Snacks	Dinner

**DO NOT WRITE IN THE AREA BELOW
STAFF WILL FIGURE REIMBURSEMENT FOR
COMBINATION HOMES**

Unit Description	Number of Meals Served	Reimb. Rates	Total Reimbursement
Breakfast Tier 2 Low			
Tier 2 High			
Total			
Lunch Tier 2 Low			
Tier 2 High			
Total			
Snacks Tier 2 Low			
Tier 2 High			
Total			
Dinner Tier 2 Low			
Tier 2 High			
Total			
Total Meals			
Total Reimbursement			

Distribution: White, Yellow, Pink – Family Resource Network
Goldenrod – Provider

Reviewed by: _____ Date: _____