



**Montana Child & Adult Care Food Program
 Sponsor of Day Care Homes
 Claim for Reimbursement**

- | | |
|--|-----------------------------------|
| 1. ADA Total: _____ (Item #7 + #11 of claim) | 4. Sponsor's Name: _____ |
| 2. Homes Claimed Total _____ (Item #10 + #14 of claim) | 5. Provider ID#: _____ |
| 3. Expenses for Month: _____ (Item #11Ci of wksht) | 6. Claim Month/Year: _____ |

| Tier I Homes Data | | <u>Signature</u> | <u>Date</u> | <u>Signature</u> | <u>Date</u> |
|--|--------------|------------------|--------------|------------------|--------------|
| | Claim | Adj. #1 | Total | Adj. #2 | Total |
| 7. ADA (Item 5b of wksht) | _____ | _____ | _____ | _____ | _____ |
| 8. Participated (Item #5a of wksht) | _____ | _____ | _____ | _____ | _____ |
| 9. Number of Meals (Item #7 of wksht) | | | | | |
| a. Breakfast | _____ | _____ | _____ | _____ | _____ |
| b. Lunch | _____ | _____ | _____ | _____ | _____ |
| c. Supper | _____ | _____ | _____ | _____ | _____ |
| d. Snack | _____ | _____ | _____ | _____ | _____ |
| 10. Homes (Item #5c of wksht) | _____ | _____ | _____ | _____ | _____ |

| Tier II Homes Data | | | | | |
|---|-------|-------|-------|-------|-------|
| 11. ADA (Item #6b of wksht) | | | | | |
| a. Tier II Hi | _____ | _____ | _____ | _____ | _____ |
| b. Tier II Lo | _____ | _____ | _____ | _____ | _____ |
| c. Tier II Mixed | _____ | _____ | _____ | _____ | _____ |
| 12. Participated (Item #6a of wksht) | | | | | |
| a. Tier II Hi | _____ | _____ | _____ | _____ | _____ |
| b. Tier II Lo | _____ | _____ | _____ | _____ | _____ |
| c. Tier II Mixed | _____ | _____ | _____ | _____ | _____ |
| 13. Number of Meals (Item #8 wksht) | | | | | |
| a. Breakfast at Tier II Hi Rates | _____ | _____ | _____ | _____ | _____ |
| b. Lunch at Tier II Hi Rates | _____ | _____ | _____ | _____ | _____ |
| c. Supper at Tier II Hi Rates | _____ | _____ | _____ | _____ | _____ |
| d. Snack at Tier II Hi Rates | _____ | _____ | _____ | _____ | _____ |
| e. Breakfast at Tier II Lo Rates | _____ | _____ | _____ | _____ | _____ |
| f. Lunch at Tier II Lo Rates | _____ | _____ | _____ | _____ | _____ |
| g. Supper at Tier II Lo Rates | _____ | _____ | _____ | _____ | _____ |
| h. Snack at Tier II Lo Rates | _____ | _____ | _____ | _____ | _____ |
| 14. Homes (Item #6c wksht) | | | | | |
| a. 100% Tier II Hi Rates | _____ | _____ | _____ | _____ | _____ |
| b. 100% Tier II Lo Rates | _____ | _____ | _____ | _____ | _____ |
| c. Tier II Mixed | _____ | _____ | _____ | _____ | _____ |
| d. Subtotal Tier II | _____ | _____ | _____ | _____ | _____ |

I certify that, to the best of my knowledge and belief, this claim is true and correct. There are records to support this claim; it is in accordance with an existing agreement, and payment has not been received.

| | | |
|-----------------|------|--------------|
| Signature/Title | Date | Phone Number |
|-----------------|------|--------------|

Note: During any fiscal year, administrative cost payments may not exceed 30% of the total amount of administrative cost payments and food service payments. Attached to this claim is the Financial Spreadsheet and list of the names, addresses, and amount of reimbursement for each day care home covered by this claim. Submit claims by the 10th day of the month following the month covered to: Child and Adult Care Food Program, Department of Public Health and Human Services, 1625 11th Ave., PO Box 4210, Helena, MT 59620-4210. Toll Free 888-3-7-9333; Fax: 406-444-2750 Please retain a copy for your file.