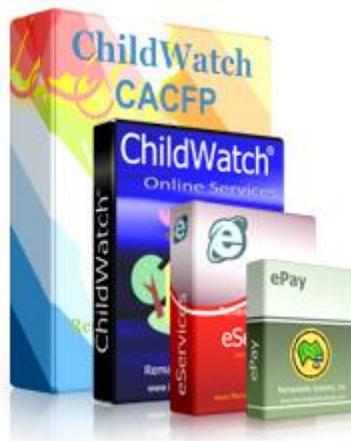


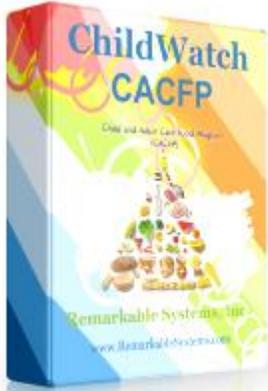
CHILDWATCH[®]

*CACFP Claims Processing
for
Sponsors of Centers & Homes,
and Unaffiliated Centers*



Remarkable Systems, Inc[®]

ChildWatch® is an Internet-delivered claims processing software solution for CACFP sponsors and their participants. It's easy to use and saves its users precious time & money.



Claim Processing Simplified

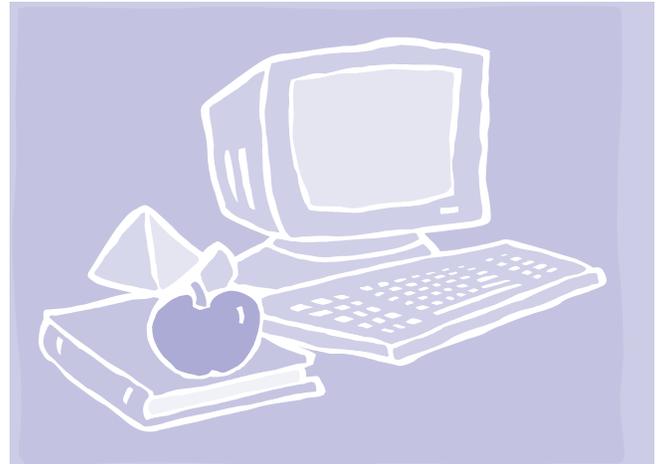
What used to take days can now takes minutes! USDA nutrition checks, meal disallowances, forms notifications, and more. Get more done in less time.

ChildWatch® handles tiering and income level certification for you.

Simple steps...

- 1. Meals & menus are recorded throughout the month.*
- 2. At end of month, participant submits claim online to sponsor.*
- 3. Process your claim in just a few clicks. You decide which rules are active in order to automatically disallow meals.*

Print & email your reimbursement summary reports. It's that simple!



Cost-Effective

Competitive and flexible, our offerings can be configured to meet almost any budget and can greatly reduce your labor costs to process your monthly claims.

Training & Support

Multiple means of training & support are available to you and your staff. From online docs to step-by-step video tutorials, support is just a click away! You even have access to a support technician whenever the need arises.

Minimal Impact

Our solution is designed to minimize changes in your current operation, an important key to client retention. Use state forms or your own.

Account Management

Authorized staff have simultaneous access to manage participants' accounts (centers or homes) from multiple offices/locations. Our tabbed interface provides easy access to pertinent account data.

Accounts may be grouped and assigned to specific staff. You have full control over the features to which your staff have access.

Being web-based, all data are updated in real-time, instantly reflected in reports and claims. Strict checks are in place to ensure participants can claim only meals & ages for which they are approved. Disallowances are handled during claims processing.



The image displays two overlapping screenshots of the Account Management web application interface. The top screenshot shows a general account overview for 'Doe, Jane' with tabs for General, CACFP, RFH, Hours, and Fees. The bottom screenshot shows a detailed view for 'RSI Demo - Sample Center #1' with tabs for General, CACFP, Hours, and Notes, including fields for sponsored status, family income level, age ranges, program groups, and meal claim times.

Top Screenshot: Account Management Overview

- Records: 4
- RFH (2): [Dropdown]
- CENTERS (2): [Dropdown]
- ACCOUNT MANAGEMENT**
- RFH: Doe, Jane
- TITLE XX: 50.00 % (2) LI: 0.00 % (1)
- Buttons: LOAD as RGI, LOAD as ADMIN, LOAD as PROVIDER, EMAIL LINK, INACTIVE ACCOUNTS
- Start Date: 08/01/2005
- Contract Exp: 01/01/2006
- Site Key: ME-89364
- Account: ME-08122005-SLIVVD
- Business Name: Wabash 1
- Contact 1 (F/L): Jane
- Contact 2 (F/L): [Empty]
- Email: janedoe@rsi.com
- Ownership Type: Proprietary
- Licensed Capacity: 15

Bottom Screenshot: Account Management Detail

- Records: 2
- RFH (1): [Dropdown]
- CENTERS (1): [Dropdown]
- ACCOUNT MANAGEMENT**
- RSI Demo - Sample Center #1
- TITLE XX: 14.29 % (1) LI: 71.43 % (13)
- Buttons: LOAD as ADMIN, LOAD as PROVIDER, EMAIL LINK, INACTIVE ACCOUNTS
- Sponsored:
- Family Income Level Determination: AUTO
- Min/Max Age: 0 - 12 (years)
- Program Groups: 0-3 mths 4-7 mths 8-11 mths 1-12 yrs
- Meals Claimed: BRK AM LUV PM SUP EVE
- START: 07:00 am - 12:00 PM - 04:30 PM
- STOP: 08:30 am - 01:00 PM - 11:45 PM
- QUICK LINKS: [Weekly Menus](#) [Weekly Meal/Attend](#) [Enrollment Onfile](#)

Meal Items (optional)

Use our database of more than 1,500 USDA-compliant meal items, or create your own. **ChildWatch®** is designed to automatically calculate serving sizes for all age groups to ensure proper nutrition.



Navigation: [Back] [Forward] [Save Changes] [Save As New] [Delete] [Clear] [Refresh] **Meal Items** **Records: 1277**

Search: (item name) Quick Find: []

FOOD COMPONENTS

Description: 100% Juice Drink - Canned Tomato/V-8 Juice Last Changed: (unknown)

Group: [] Type: [] Restriction: [] Vitamin: [] Allowed as: []

Navigation: [Back] [Forward] [Save Changes] [Save As New] [Clear] [Refresh] [List] [Mass Edit] **Food Components** **Records: 1533**

Sort by: DESCRIPTION Description Search: []

RFH (752): [] NON-RFH (781): []

MEAL ITEMS

Catalog #: **BVF0065** Desired numeric Cat # (optional, SAVE AS NEW only): []

Description: 100% Vegetable Juice / V8 (Vit A)

Food Component: **B - 100% Juice Drink - Canned Tomato/V-8 Juice**

Food Group: VEG/FRUIT CN Label RFH Eligible

Vitamins: AC Breeding/Wrap

Purchase Unit: OUNCES

Packaging: ounces Use Alternate Calculation

Vendor: Generic Brand

Group 1: 25 CUPS [] Vol Ounces []

Group 2: 5 CUPS [] Vol Ounces []

Group 3: 5 CUPS [] Vol Ounces []

Yield Factor: 1

Eligibility: 0-3 mths 4-7 mths 8-11 mths 1-12 yrs

Last Changed: 10/23/2004

Master Meal Item /w Qty - by Meal Period

09/04/2005

Breakfast

Cat #	Description	Vendor	Min Req 1-2 yrs	Min Req 3-5 yrs	Min Req 6-12 yrs	Serving Description
BVF0062	100% Canned Juice (Non Vit)	Generic Brand	2	4	4	Fluid Ounces
BVF0063	100% Canned Juice (Vit C)	Generic Brand	2	4	4	Fluid Ounces
BVF0060	100% FZ Juice (Non-Vit)	Generic Brand	2	4	4	Vol Ounces
BVF0061	100% FZ Juice (Vit C)	Generic Brand	2	4	4	Fluid Ounces
BVF0065	100% Vegetable Juice / V8 (Vit A)	Generic Brand	2	4	4	Vol Ounces
BVF0151	Alfalfa Sprouts	Generic Brand	2	4	4	Oz Spoodal
BMI0012	Alternative Milk/Formula - Dr. Statement	Generic Brand	4	4	6	Fluid Ounces
BVF0001	Apples	Generic Brand	1	2	2	Quarters

Meals & Menus (optional)

Menu creation and rotation scheduling is a snap! Nutrition checks are in place to ensure all menus meet USDA requirements. A Menu Guide may be printed for keeping track of serving amounts. For centers, menus can optionally be graded to disallow meals for any serving shortages.

Menus & Attendance

May 2012 Refresh

X = TODO: Indicates a task which has not been started. OK = OK: Indicates a task which is started/complete

Print Menu Guide for Checked Days

SUN	MON	TUE	WED	THU	FRI	SAT
(CLOSED)				01 Attendance WEEK A-THU	02 Attendance WEEK A-FRI	03 (CLOSED)
04 (CLOSED)	05 Attendance SPECIAL DA...	06 Attendance WEEK B-TUE	07 Attendance WEEK C-WED	08 Attendance	09 Attendance	10
11 (CLOSED)	12 Attendance WEEK A-THU	13 Attendance WEEK A-FRI	14 Attendance SPECIAL DA...			
18 (CLOSED)	19 Attendance	20 Attendance	21 Attendance			
25 (CLOSED)						

Menu Guide for menu served on Monday, 07/11/2005

Projected Calculations based on highest recorded meal counts in each age group from the prior week

	1-2 years (14)	3-5 years (65)	6-12 yr / Adults (22)	Prepared Amounts
BREAKFAST - Projected Servings				
Milk - (Fluid) Whole or 2%	4.0 Fluid Ounces	6.0 Fluid Ounces	8.0 Fluid Ounces	_____ Ounces
Projected: 538.00 Ounces (Generic Brand)				
Apples - Fresh - Cut in Quarters	1.0 Quarters	2.0 Quarters	2.0 Quarters	_____ lbs
Projected: 14.28 lbs (Generic Brand)				
Cereal, Dry	2.0 Oz Spoodal	3.0 Oz Spoodal	6.0 Oz Spoodal	_____ lbs Dry Cereal
Projected: 2.90 lbs Dry Cereal (Generic Brand)				
LUNCH - Projected Servings				
Milk - (Fluid) Whole or 2%	4.0 Fluid Ounces	6.0 Fluid Ounces	8.0 Fluid Ounces	_____ Ounces
Projected: 450.00 Ounces (Generic Brand)				
Beans-Green-French (Canned)	1.0 Oz Spoodal	2.0 Oz Spoodal	3.0 Oz Spoodal	_____ ounces
Projected: 213.51 ounces (Generic Brand)				
Pears-Diced	1.0 Oz Spoodal	2.0 Oz Spoodal	3.0 Oz Spoodal	_____ ounces
Projected: 178.07 ounces (Generic Brand)				
Light Bread - White or Wheat	0.5 Slices	0.5 Slices	1.0 Slices	_____ Slices
Projected: 44.50 Slices (Generic Brand)				
Beef Ravioli - CN Label - .25 oz pies	2.0 Pies	3.0 Pies	4.0 Pies	_____ ounces
Projected: 58.25 ounces (Generic Brand)				
Cheese-American-Sliced- .666 oz slice	1.0 Slices	1.3 Slices	1.5 Slices	_____ lbs
Projected: 3.32 lbs (Generic Brand)				
PM SNACK - Projected Servings				
100% Juice 4+1/5+1 (Vit C)	4.0 Fluid Ounces	4.0 Fluid Ounces	6.0 Fluid Ounces	_____ ounces
Projected: 414.00 ounces (Generic Brand)				
Hushpuppies - 16 gm portion	1.0 Hushpuppies	1.0 Hushpuppies	2.0 Hushpuppies	_____ Hushpuppies
Projected: 112.00 Hushpuppies (Generic Brand)				

Schedule menu for Mon 03/06/2006

Description: Week 1 Ref #: WL1 BREAKFAST

Milk: BMI0007 - Milk-Whole

Veg/Fruit: BVF0001 - Apples

Bread: ABR0072 - Rice A Roni

LUNCH

Milk: LMI0007 - Milk-Whole

Veg/Fruit: LVF0173 - French Fries

Bread: ABR0021 - Bun-Hamburger

NON-ELIGIBLE CACFP

Milk-Whole (Generic Brand): 4 Fluid Ounces, 6 Fluid Ounces, 8 Fluid Ounces

French Fries (Generic Brand): 3 French Fries, 5 French Fries, 8 French Fries

Bun-Hamburger (Generic Brand): 0.50 Bun, 0.50 Bun, 1 Bun

Milk: LMI0007 - Milk-Whole: 1 Oz Srv - Cld, 1.50 Oz Srv - Cld, 2 Oz Srv - Cld

Meal Participation

Recording meal service participation is as simple as 1, 2, 3! Weekly entry for an entire day home or classroom takes less than two minutes. Skip paper transfers using an iPhone®, iPad®, iPod® Touch, or Android® device!

Meals & Attendance
07/01/2012

Meals marked with **RED** boxes must have a certified explanation to be counted as eligible.

NAME	AGE	B
<input type="checkbox"/> Wilson, Adam	0y 3m	<input type="checkbox"/>
<input type="checkbox"/> Johnson, Brad	1y 5m	<input type="checkbox"/>
<input type="checkbox"/> Wilson, Leigh	2y 7m	<input type="checkbox"/>
<input type="checkbox"/> Belanger, Tommy	2y 10m	<input type="checkbox"/>
<input type="checkbox"/> Johnson, Timothy	3y 4m	<input checked="" type="checkbox"/>
<input type="checkbox"/> SMITH, Jimmy	3y 11m	<input type="checkbox"/>
<input type="checkbox"/> Smith, Susie	3y 11m	<input type="checkbox"/>
<input type="checkbox"/> Wilson, Helena	4y 11m	<input type="checkbox"/>
<input type="checkbox"/> Belanger, Samuel	5y 4m	<input type="checkbox"/>
<input type="checkbox"/> Johnson, Sarah	9y 2m	<input checked="" type="checkbox"/>

Only approved meals and days may be recorded.

Mobile device helps to eliminate fraud through meal time

Meals & Attendance
- Grant, Ginger -

Room: ALL Week of: 07/01/2012

Type ALL numbers which apply
8 = Attendance Only
1 = BREAKFAST / 2 = LUNCH / 3 = PM SNACK

Use the checkbox in front of name to update income level, program, and CCMS fields based on CURRENT child settings

	MON 07/11	TUE 07/12	WED 07/13	THU 07/14	FRI 07/15	SAT 07/16	SUN 07/17
<input type="checkbox"/> Johnson, Brad	23	23	123	12	23		
<input type="checkbox"/> Johnson, Sarah	12	12	23	23	3		
<input type="checkbox"/> Johnson, Timothy	13	13	2	23	2		
<input type="checkbox"/> SMITH, Jimmy	3	1	2	2	3		
<input type="checkbox"/> Smith, Susie	23	23	23	3	13		
<input type="checkbox"/> Wilson, Adam	23	23	12	12	12		
<input type="checkbox"/> Wilson, Helena	23	13	23		13		
<input type="checkbox"/> Wilson, Leigh	23	23	2	8			
<input type="checkbox"/> Belanger, Samuel	23	23	1	13	23		
<input type="checkbox"/> Belanger, Tommy	3	13	123	2	8		

RECORD



Daily Meal

Pre-planned totals may be entered and transferred to the MPR and Menu Guide. This provides an invaluable tool for keeping track of serving amounts. Projected quantities are also listed in our Menu Guide (prior page).

DAILY MEAL PRODUCTION RECORD (Centers and Emergency Shelters)								
Name of Contractor IN DEMO Sponsor Corporation			Name of Facility IN - CENTER A		3. Agreement No. 1234		Date 01/02/2006	
REQUIRED FOOD COMPONENTS	MENU	FOOD ITEMS USED	QUANTITY USED	PLANNED PARTICIPATION				NON-PROGRAM MEALS
				PROGRAM MEALS				
				Ages 1 & 2	Ages 3 - 5	Ages 6 - 12	Adults	
BREAKFAST	Milk	Milk - Whole (Fluid)	_____ Ounces					
	Vegetables and/or Fruits	Peas and Carrots	Peas and Carrots - Canned	_____ ounces				
				_____ ounces				
	Grains/Breads	French Toast Sticks	Toast Sticks	_____ Toast Sticks				
			_____ Toast Sticks					

Meal Service Records

A blank worksheet (roster) or completed record may be printed & mailed to or printed by the participant. Sponsors may monitor the meal/attendance recording status to ensure participant is keeping up.

MEAL SERVICE RECORD

Sponsor	DEMO Sponsorship										Provider	Ginger Grant															
X Box For WD Students																											
You may claim up to two meals and one snack or one meal and two snacks. Mark "X" for Attendance and Meals. Shade entire box i																											
PARTICIPANT'S NAME	Age	MON July 11					TUE July 12					WED July 13					THU July 14					FRI July 15					
		At	B	A	L	P	At	B	A	L	P	At	B	A	L	P	At	B	A	L	P	At	B	A	L	P	
1. Belanger, Samuel	5y4m	At			L	P	At			L	P	At	B				At	B			L	P	At			L	P
2. Belanger, Tommy	7y1m	At				P	At	B			P	At	B		L	P	At			L		At					
3. Johnson, Brad	1y5m	At			L	P	At			L	P	At	B		L	P	At	B		L		At			L	P	
4. Johnson, Sarah	4y2m	At	B			L	At	B			L	At			L	P	At			L	P	At				P	
5. Johnson, Timothy	2y4m	At	B			P	At	B			P	At			L		At			L	P	At			L		
6. SMITH, Jimmy	7y11m	At				P	At	B				At			L		At			L		At				P	
7. Smith, Susie	7y11m	At			L	P	At			L	P	At			L	P	At			P		At	B			P	
8. Wilson, Adam	5y2m	At			L	P	At			L	P	At	B		L		At	B		L		At	B		L		
9. Wilson, Helena	4y11m	At			L	P	At	B			P	At			L	P	At					At	B			P	
10. Wilson, Leigh	2y7m	At			L	P	At			L	P	At			L		At					At					

Monitor Reviews

Quickly schedule your upcoming reviews. Print using your state's review forms and distribute to your monitors. Use the expense reporting feature to budget your scheduled visits.

REVIEW	DATE	STATUS	MEAL	ANNCD	PROVIDER	MONITOR
4-Wk Review	01/09/2008	COMPLETED	BRK		DEMO - TN, ACCOUNT	Doe, Jane
4-Wk Review	01/02/2008	ATTEMPTED	AM		DEMO - TN, ACCOUNT	Doe, Jane
1st Review	04/10/2008	SCHEDULED	LUN	UNANN	DEMO - TN, ACCOUNT	Doe, Jane
2nd Review	04/10/2008	SCHEDULED	PM		DEMO - TN 2, ACCOUNT	Doe, Jane

Monitoring Expense (4 reviews): \$100.00

Childcare Features

As a sponsor, you can allow your participants FREE online access to their own account to perform CACFP tasks such as child enrollments, menu creation, and meal/attendance recording. This saves valuable time in data entry and reduces or eliminates the need for paper forms and mailings. Per your own procedures, forms may still be submitted to you for meals to be reimbursed.

FAMILY INFORMATION

Parent / Guardian: (FIRST / LAST)

Address:

City:

State/Zip:

Phone:

NUMBER OF CHILDREN TO ENROLL FROM THIS FAMILY

GENDER	CHILD NAME	ROOM / ETHNICITY	BIRTHDATE / ENROLLMENT	Regular (non-resident) / Provider's Own / Resident Foster / Special Needs / Homeschooled
<input type="text" value="M"/>	FIRST: <input type="text" value="Pugsley"/> LAST: <input type="text" value="Family"/>	ALL / <input type="text" value="Other"/>	Birthdate: <input type="text" value="01/01/2001"/> Enroll: <input type="text" value="09/01/2005"/>	NR: <input checked="" type="radio"/> PO: <input type="radio"/> RF: <input type="radio"/> SN: <input type="checkbox"/> HS: <input type="checkbox"/> School Type: <input type="text" value="ALL DAY"/>

(Auto-creating immunization records may take up to 15 seconds per child; please be patient.)

Our "Quick Family" screen (**left**) offers speedy entry of required client & child data to get up & running quickly.

The participant portal (**below**) offers simplistic operation. With a menu-driven interface and visual step-by-step walkthroughs, anyone can learn quickly!

Family Status

- Birthdays: 1
- Immunizations (past due): 2
- Immunizations (upcoming): 2

CACFP Summary

- Enrollment Forms: 1
- Eligibility Forms: 3

Meal Counts

Month	BRK	LUN	PM
Feb	~40	~40	~40
Mar	~80	~120	~80
Apr	~80	~80	~80

Claim Reimbursement *(disallowances)*

Detailed reports of disallowed meals are provided for each claim down to the date, meal, child and reason. Reports can be emailed to participants to help improve their operation and increase their reimbursements.

MEAL ATTENDANCE DAILY SUMMARY

Sponsor DEMO Sponsorship		Provider Center A		Agreement No 11223344		Month/Year 07/2005							
	BREAKFAST		AM SNACK		LUNCH		PM SNACK		SUPPER		EVE SNACK		ATTEND
DATE	Totals	Dis	Totals	Dis	Totals	Dis	Totals	Dis	Totals	Dis	Totals	Dis	Totals
07/01/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/02/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/03/2005	0	0	0	0	0	0	0	0	0	0	0	0	0

Claim Disallowances for 07/2005 DEMO Sponsorship

Ginger Grant
32 Island Way
Anywhere, USA

Provider No. 54321
Phone No. 111-222-3333
Provider Type GROUP

You had one or more missing or ineligible meal components for a meal and/or snack you recorded attendance for.
Dates: **1,3,5,8,11,12**

You served in excess of 1 meal and 2 snacks or 2 meals and 1 snack per day to one or more children on the following date(s).
Dates:

You were over your licensed capacity for a meal and/or snack on the following date(s).
Dates: **4,8**

07/04/2005	7	0	0	0	0	0	0	0	0	0	0	0	0
07/05/2005	8	0	0	0	0	0	0	0	0	0	0	0	0
07/06/2005	9	0	0	0	0	0	0	0	0	0	0	0	0
07/07/2005	8	0	0	0	0	0	0	0	0	0	0	0	0
07/08/2005	9	0	0	0	0	0	0	0	0	0	0	0	0
07/09/2005	11	0	0	0	0	0	0	0	0	0	0	0	0
07/10/2005	14	0	0	0	0	0	0	0	0	0	0	0	0
07/11/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/12/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/13/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/14/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/15/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/16/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/17/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/18/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/19/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/20/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/21/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/22/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/23/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/24/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/25/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/26/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/27/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/28/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/29/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/30/2005	0	0	0	0	0	0	0	0	0	0	0	0	0
07/31/2005	0	0	0	0	0	0	0	0	0	0	0	0	0

Sub-Totals	66		0	
Disallowances		0		
Totals		66		

Income Levels	Free	0
Enrollment	Title XX	0

You currently aren't approved to count weekends, you must contact our office at

Dates:

You served one or more meals and/or snacks to a household income would qualify for claim

Dates:

You must serve a non-resident child for traditional school day, unless school is more days you listed AM Snacks and/or

Dates:

You are not allowed to count AM Snacks traditional school day, unless school is more days you listed AM Snacks and/or

Dates:

You are not allowed to claim any meals or snacks purposely and would like to claim this meal

Dates:

You are not allowed to count meals or snacks for this child. Contact our office if you are not

Dates:

You are not allowed to count meals or snacks for this child. Contact our office if you are not

Dates:

Based on our records, your last nutrition

Dates:

Email Report

03/2012

DISALLOWANCE DETAIL REPORT

RSI Demo - Sample Center #1

BRK
MLK SERVED SHORTAGE
(SUMMARY DISALLOWANCE: 85) Sub-Total: 85

LUN
MLK SERVED SHORTAGE
(SUMMARY DISALLOWANCE: 120) Sub-Total: 120

PM
MLK SERVED SHORTAGE
(SUMMARY DISALLOWANCE: 6) Sub-Total: 6

: 211

03/01/2012

LUN
NO ENROLLMENT FORM ON-FILE
JENKINS, WILLY Sub-Total: 1

Claim Reimbursement (state submission)

Whether your state uses paper forms or requires electronic submission, submitting your claim for centers and/or homes is quick & simple.

State forms

ARIZONA DEPARTMENT OF EDUCATION
CHILD AND ADULT CARE FOOD PROGRAM CENTER SITE CLAIM

Claims must be received by the 15th of the month following the claim month. Submit to the Arizona Department of Education, Child Nutrition Programs, 1535 W. Jefferson Street Bin #7, Phoenix, AZ 85007 or fax to 602-542-3818 or 602-542-1531. Claims may also be submitted electronically at the CFP Web at <https://www.ade.az.gov/monitorgon>. Sponsor must retain a copy of claim for permanent record.

CTD # _____ Sponsor _____

CTDS # _____

Claim Month/Year _____

Program Participant

Maximum Days Served _____
Average Daily Part _____
Participants Approv _____
Participants Approv _____
Participants Enroll _____
Number of Enrolled _____

Reimbursable Meal

Breakfast _____
Morning Snack _____
Lunch _____
Supper _____
Afternoon Snack _____
At-Risk After School _____

I certify that this claim with the terms of all center, compensa for not less than 25% _____

Date of Preparation _____

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Purchased Services
CHILD & ADULT CARE FOOD PROGRAM
Day Care Homes Reimbursement Claim

Agreement #: _____ Claim Month: _____ IRS #: E _____ Claim: # original X # revision # _____

Name: _____
Address: _____

1. TIER 1 HOMES: # Sponsored _____ # Operating _____ a. _____ b. _____

2. TIER 2 HOMES ALL HIGHER RATES: # Sponsored _____ # Operating _____ a. _____ b. _____

3. TIER 2 HOMES ALL LOWER RATES: # Sponsored _____ # Operating _____ a. _____ b. _____

4. TIER 2 HOMES W/EMERGENCY ENROLLMENT: # Sponsored _____ # Operating _____ a. _____ b. _____

5. NUMBER OF MEALS CLAIMED FOR TIER 1 HOMES: BREAKFASTS: _____ LUNCHES: _____ SUPPLEMENTS: _____ (AM)

6. NUMBER OF MEALS CLAIMED FOR TIER 2 HOMES AT HIGHER RATE: BREAKFASTS: _____ LUNCHES: _____ SUPPLEMENTS: _____ (AM)

7. NUMBER OF MEALS CLAIMED FOR TIER 2 HOMES AT LOWER RATE: BREAKFASTS: _____ LUNCHES: _____ SUPPLEMENTS: _____ (AM)

8. ADMINISTRATION COSTS: Admin Equip: \$ _____ Mileage Oils: \$ _____ Postage: \$ _____ Rent/Maint: \$ _____ Telephone: \$ _____ Depreciation: \$ _____ Heat: \$ _____

9. ADMINISTRATIVE BUDGET PER AGREEMENT: \$ _____

CERTIFICATION: I have certified 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 of existing agreements, and that parents, teachers, has not been received.

Submit all claims by the 15th day following the month being reported.
CHILD & ADULT CARE FOOD PROGRAM, STATE HOUSE STATION #11, MAINEVILLE, ME 04930

North Carolina Department of Health and Human Services
Division of Public Health Nutrition Services Branch
Special Nutrition Programs

Child and Adult Care Food Program (CACFP)
Special Nutrition Programs
Tel: 919-733-2200 Fax: 919-733-2200

CACFP Reimbursement Claim for Child Care Centers

Form 8882 May 2002

Submit the original of this form to the Texas Department of Human Services, Special Nutrition Programs, (Y-906), P.O. Box 84020, Austin, TX 78748-0020. This form may be faxed to Special Services at (512) 371-8315; receipt of faxed forms by DHS may be confirmed by calling (512) 400-2550 during normal business hours. A copy of this form must be kept by the contractor. Claims must be pre-approved or received by DHS no later than 60 days after the last day of the claim month.

(Name and Address of Contractor: _____)

Telephone No: _____ Contract No: _____
Month and Year of this Claim (mm/yyyy): 7 / 5 / 0 0

SUMMER FOOD SERVICE PROGRAM

1. Total Number of Meals Served: _____
2. Total Number of Meals Served: _____
3. Total Number of Meals Served: _____

AGENCY SHELTERS AND AT-RISK AFTERSCHOOL SNACKS

1. Total Number of Meals Served: _____
2. Total Number of Meals Served: _____
3. Total Number of Meals Served: _____

Sample Upload File for Electronic Submission

H,CACFP,11223344,200507,0.00,|
C,123456,CCC,0,0,31,31,29,1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,66,0,72,84,0,0,66,0,72,84,0,0,0,0,|
C,123456,CCC,0,0,7,7,29,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,28,11,44,59,6,6,28,11,44,59,6,6,0,0,|
C,123456,CCC,0,1,0,1,29,0,0,0,0,0,0,0,0,0,1,0,0,0,0,0,0,0,28,11,44,59,6,6,1,0,0,0,0,0,1,1,|

Detailed Report of Claim Totals and Reimbursement Amounts

Contractor		Program No.										Month and Year								
DEMO Sponsorship		12345										07/2005								
NAME OF PROVIDER (List alphabetically.)	REGISTRATION/ LICENSE NO	ATTENDANCE				NUMBER OF MEALS SERVED												TOTAL DOLLARS TO BE PAID		
		I	II	III	IV	Breakfast		AM		Lunch		PM		Supper		Evening				
Doe, Jane		60	0	0	0	40	0	0	0	38	0	42	0	0	0	0	0	0	0	141.24
Doe 2, Jane		0	0	135	0	0	83	0	85	0	65	0	0	0	52	0	0	0	184.03	

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