

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Child and Adult Care Food Program
Federal Aids and Audit Section

Instructions for Completing the Reimbursement Claim - ADULT CARE COMPONENT
PI-1489-A (Rev. 6-11)

You may download the Word fillable Reimbursement Claim form (PI-1489-A) at <http://dpi.wi.gov/fns/adultmemos.html>, under Guidance Memorandum 3A, to complete electronically and then print for signature and submission.

1. Complete the information in the blocks at the top of the claim, including the *daytime telephone number* for the person responsible for completing the claim.

2. Complete *Section I Enrollment Data*:

LINE 1-4.....Fill in totals according to the required *Household Size-Income Record*. Any eligible participant without a current, valid income statement on file must be considered non-needy.

The numbers reported for non-needy, reduced and free must equal total enrollment for the month.

3. Complete *Section II Participation Data* using the applicable column(s):

LINE 5.....Report the total *Number of Sites*.

Sponsoring organizations with more than one site must provide individual site information on the back of the claim form. Please note, "Site No." must be the DPI-assigned site code number. Enrollment data must be reported by need category (*non-needy, reduced, and free*) for each site. The numbers reported for non-needy, reduced and free must equal the total enrollment for the month for each site.

For-profit centers must submit the *Eligibility for Proprietary Centers form (PI-1485A-Adult Care)*.

LINE 6.....List the *Number of Days of Service* that sites were open and serving meals during the month. If sites differed in the total days of service, use the greater number for the days of service.

LINE 7.....Report *Average Daily Attendance*. Using the *daily attendance records*, NOT meal count sheets, determine the number of eligible participants in attendance for each day the site was open and serving meals. Then add up each day's total to get a monthly total. Divide this total by the number of days of service (round all fractions up to the next whole number) to determine *Average Daily Attendance*.

LINE 8.....Report total *Number of Meals Served to Eligible Adult Participants* using meal counts recorded at the time of the meal service or immediately thereafter. The number of supplements (snacks) must be reported by type (AM Snacks, PM Snacks, Additional Snack).

4. Complete *Section III Certification*:

As an assurance that the claim information is accurate, the *Authorized Representative* identified on the *DPI Application/Agreement* must complete, sign and date the bottom of the form.

5. Submit the original reimbursement claim to DPI; keep a copy for your files. You may:

Mail to: Wisconsin Department of Public Instruction **or fax to:** **or e-mail to:**
Federal Aids and Audit Section 608.267.9207 jacqueline.jordee@dpi.wi.gov
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