



CACFP Claim Form Instructions

At-Risk Afterschool Programs and Emergency Shelters

All CACFP claims must be submitted online. Follow instructions in the [Online Claim Manual \(At-Risk Afterschool Programs & Emergency Shelters\)](#). It is recommended to use the [CACFP Claim Form](#) to compile claim information prior to submitting the claim.

Claim Deadlines

Claims must be submitted online within 60 calendar days from the end of the claim month. See chart for claim deadline dates.

Only submit the CACFP Claim Form for:

- **Late claims** (later than 60 calendar days from last day of claim month): submit a completed CACFP Claim Form and a completed [One-Time Exception Corrective Action Plan Form](#). Instructions for completing and submitting are on the form.
- **Disabled online claiming rights:** submit the completed CACFP Claim Form, as instructed within DPI's *Disabling of Online Claiming Rights* notification letter.

Claim Month	Last Day for Online Submission
January	April 1 (March 31 on leap years)
February	April 29
March	May 30
April	June 29
May	July 30
June	August 29
July	September 29
August	October 30
September	November 29
October	December 30
November	January 29
December	March 1 (February 29 on leap years)

INSTRUCTIONS FOR COMPLETING THE CACFP CLAIM FORM

AGENCY INFORMATION	
Complete information in boxes at top of page 1: Agency code, claim month, claim year, sponsoring agency name, address and telephone number	
SECTION I. CACFP ENROLLMENT DATA	
BOX 1 Total Enrollment / Total Eligible Children	At-Risk Afterschool Programs: Record the highest total daily attendance in the afterschool hours program for all sites. Emergency Shelters: Record the total number of residential participants under 19 years of age at all sites.
<i>Sponsoring Organizations</i>	Record enrollment data for each site on page 2. Transfer totals from "Totals" row on bottom of page 2 to box 1 on page 1. "Site No." must be the DPI-assigned site code number.
SECTION II. PARTICIPATION DATA	
BOX 2	Record total Number of Sites .
<i>Sponsoring Organizations</i>	Number of sites must equal the number of sites listed on page 2.
BOX 3	Record Number of Days of Service site was open and claiming meals during month.
<i>Sponsoring Organizations</i>	If sites differ in total days of service, report the greatest number.
BOX 4	Average Daily Attendance (ADA): Use attendance records, NOT meal counts. 1. Determine the number of eligible participants in attendance each day the site was open and claiming meals. 2. Add up each day's total to get a monthly total. 3. Divide monthly total by number of days of service to determine ADA. 4. Round all fractions up to the next whole number.
<i>Schools Only</i>	For ADA step 1 above, use one of the following: 1. Total number of enrolled participants, as reported in box 1, OR 2. Highest number of meals served of the different meal types claimed. (Go to steps 3 and 4 in Box 4)
<i>Sponsoring Organizations</i>	Record ADA for each site on page 2. Total ADA columns and transfer total from "Totals" row on bottom of page 2 to box 4 on page 1.
LINE 5	Record total Number of Meals Served to eligible participants from meal count records.
<i>Sponsoring Organizations</i>	Record meal counts for each site on page 2. Total each meal column and transfer totals from "Totals" row on bottom of page 2 to line 5 on page 1.
SECTION III. CERTIFICATION	
To assure claim information is accurate, the Authorized Representative must sign and date bottom of claim form.	