CACFP

Missouri Department of Health & Senior Services

Center Claim

After School Program - Example

Example - ASCS Claim

April 20XX Pending Submission

						_	_	Original Claim	
↓ Bottom of Form									
Center Operating	and Enroll	nent Data	(Must refl	ect the c	laiming period	d)			
(1) Free Enrollment				(5) Number of Operating Days					
(2) Reduced Enrollment				(6)	Total Attend	ance for Month			
(3) Paid Enrollme	ent			(7)	License Cap Application)	acity (from	120		
(4) Total Enrollm	ent				,				
Meal Count Data	(A)	(B)	(C)	(D)	(E)		(F)		
				514					
Meal Type	Breakfast	AM Snack	Lunch	PM Snack	Supper		Night Snack		
(8) Free		Ondon		Criacit					
(9) Reduced									
(10) Paid									
(11) Total Meals									
Average (12) Daily Participation	0	0	0	0	0		0		
For Profit Centers Only									
1 of 1 folk contains only									
Total TitleXX / XIX Free/Reduc Beneficiaries C				ed-Price hildren	Eligible		Eligibility %		
(13)		(14)					0.0		
This organization certifies that 25% of the enrollment or licensed capacity (whichever is less) are Title XX Beneficiaries or Free/Reduced-Priced Eligible Children for sites being claimed.									
This organization realizes that the Center does not meet the 25% Eligibility for For Profit Centers, and that this claim will not be reimbursed and no meals will be reported. Note: Once this button is checked and the claim has been submitted, the claim can only be modified by a state agency representative.									
	Date Created		Jann Can	Office DC	Modified By:	Date Mod		<u>. </u>	

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