



SECTION 2: CACFP Records

Adult Day Care Centers participating in CACFP are required to maintain records to verify the meals and snacks served to participants meet guidelines and to justify the claim for reimbursement.

- Eligibility Requirements
- Enrollment Records
- Income Eligibility Forms- See Income Eligibility Guidance for Adult Day Care Centers
- Individual Plan of Care
- Attendance Records
- Meal Count Records
- Claims

Eligibility Requirements

Adult Day Care Centers must comply with the eligibility requirements described in [CFR 226.19a](#).

Center Eligibility

- Public, private nonprofit organizations, or some for-profit organizations.
 - A private organization is considered to be a nonprofit if it has tax-exempt status under the Internal Revenue Code of 1986 [IRS code 501(3)(c) status].
 - For-profit organizations are eligible to participate in CACFP if they receive compensation under Title XIX (Medicaid Program) and/or Title XX (Block Grants to States for Social Services) of the Social Security Act and at least 25 percent of enrolled participants receive Title XIX and/or Title XX benefits or are eligible for free or reduced-price meals.
- Non-residential.
- Licensed by the Department of Health and Senior Services.
- Serves enrolled participants 60 years of age or older or functionally impaired.*
- Comprehensive, structured program.
- Community-based program.
- Provides daytime care as a respite to family members or to avoid premature institutionalization.

*Functionally impaired means chronically impaired disabled persons 18 years of age or older, including victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction, who are physically or mentally impaired to the extent that their capability for independence and their ability to carry out activities of daily living is markedly limited. Activities of daily living include, but are not limited to cleaning, shopping, cooking, taking public transportation, maintaining a residence, caring for personal hygiene, using telephones or directories, and using the post office. Marked limitation refers to the severity of the impairment and the number of limited activities and occurs when the degree of limitation is such that it seriously interferes with the ability to function independently.

Participant Eligibility

- 60 years of age or older or functionally impaired.
- Individuals remaining in the community.**
- Non-institutionalized.***
- Enrolled for care.

**Individuals remaining in the community are those residing in their own homes alone or with a spouse, children, or guardians. Individuals in residential institutions are not eligible for the Child and Adult Care Food Program benefits because they can no longer be considered "remaining in the community," and their families have no need for respite provided by the adult day care center.

***An institution is an establishment that provides residential care and is responsible for its residents for a 24-hour period, including the responsibility for providing meals. Institutions include but are not limited to hospitals, nursing homes, asylums for the mentally ill or for the mentally or physically handicapped, convalescent homes, apartment complexes designed only for the functionally impaired that provide meals and full-time care and hospice. Not included as institutions are houses in the community that may be subsidized by federal, state, or local funds but which are private residences housing an individual or group of individuals who are primarily responsible for their own care but who may receive on-site monitoring.

Enrollment Records

Documentation of enrollment is a requirement for the Child and Adult Care Food Program (CACFP). Adult Day Care Center participants must have enrollment information on file. Every participant claimed for meal reimbursement must be enrolled in care. Centers have the option of using the [CACFP Enrollment Form for Adult Day Care Centers \(CACFP 635\)](#)* which is available at www.health.mo.gov/cacfp - Forms.

CACFP enrollment forms must include the following:

- Date of enrollment.
- Participating adult or legal guardian signature and date.

It is best practice to include the following on the enrollment form:

- Information on the adult's normal days and hours of care (including holidays).
- Information on the meals the adult normally receives while in care.
- An annual update.

1. The original enrollment form must be signed and dated by the participating adult or legal guardian, verifying that the information is accurate.
2. The enrollment form must be kept in the participant's individual file and available to the Nutritionist within one hour of arrival for a monitoring review.
3. Enrollment dates listed on enrollment forms are compared to meal count records during a monitoring review. Meals served to participants prior to the enrollment date on the signed enrollment form will not be reimbursed.
4. Keep original enrollment records and all CACFP records for three full fiscal years (October 1 through September 30) after the final claim for the fiscal year was submitted and longer if audit findings have not been resolved.
5. It is recommended that the enrollment form be filed alphabetically with the Income Eligibility Forms (IEF) in a 3-ring binder.

***NOTE:** There is no federal requirement that a center or Sponsoring Organization (SO) use a specific CACFP enrollment form. With DHSS-CFNA approval, an enrollment form that captures the CACFP required information may be used ([CACFP 15-2013, Existing Flexibilities in the CACFP, July 26, 2013](#)).

Ethnic and Racial Information: The CACFP-635 enrollment form includes a section on Ethnic and Race Information. The participant or guardian is not required to complete this section for participation; however, it is encouraged in order to gather this data in a manner in which the participant or guardian has self-identified and self-reported it.

For-Profit Centers: All proprietary Title XX and XIX centers must keep records for each month CACFP reimbursement was claimed, documenting that at least 25% of the enrollees or 25% of the licensed capacity, whichever was less, were Title XX or XIX beneficiaries [[7 CFR 226.19a\(b\)\(6\)](#)].



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
CACFP ENROLLMENT FORM FOR ADULT DAY CARE CENTERS

CENTER'S INFORMATION

NAME OF ADULT DAY CARE CENTER		PHONE NUMBER
CENTER CONTACT PERSON'S NAME	DATE OF ENROLLMENT (FIRST DATE ATTENDING THIS CENTER)	

PARTICIPANT'S INFORMATION

PARTICIPANT'S FULL NAME		DATE OF BIRTH
FAMILY MEMBER OR GUARDIAN NAME	PARTICIPANT'S STREET ADDRESS	
CITY	STATE	ZIP CODE DAYTIME PHONE NUMBER

ETHNIC AND RACE INFORMATION (YOU ARE NOT REQUIRED TO ANSWER THIS SECTION)

ARE YOU OF HISPANIC OR LATINO ORIGIN?
 Yes No

WHAT IS YOUR RACE? (SELECT ONE OR MORE)
 American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

IN THIS COLUMN, CHECK THE DAYS THE PARTICIPANT USUALLY ATTENDS DAY CARE:	WHAT TIME DOES THE PARTICIPANT USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM	WHAT TIME DOES THE PARTICIPANT USUALLY LEAVE EACH DAY? CIRCLE AM OR PM	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION:
MON	AM PM	AM PM	
TUES	AM PM	AM PM	
WED	AM PM	AM PM	
THURS	AM PM	AM PM	
FRI	AM PM	AM PM	
SAT	AM PM	AM PM	
SUN	AM PM	AM PM	

CHECK WHEN THE PARTICIPANT IS IN CARE AT THIS CENTER

FULL DAY CARE HALF DAY - AFTERNOON
 HALF DAY - MORNING EVENING CARE

CHECK THE MEALS THE PARTICIPANT IS USUALLY GIVEN AT THIS CENTER

BREAKFAST LUNCH SUPPER
 MORNING SNACK AFTERNOON SNACK EVENING SNACK

CHECK THE HOLIDAYS THE PARTICIPANT IS IN CARE AT THIS CENTER

<input type="checkbox"/> NEW YEARS DAY	<input type="checkbox"/> TRUMAN DAY	<input type="checkbox"/> COLUMBUS DAY
<input type="checkbox"/> MARTIN LUTHER KING'S BIRTHDAY	<input type="checkbox"/> MEMORIAL DAY	<input type="checkbox"/> VETERAN'S DAY
<input type="checkbox"/> LINCOLN'S BIRTHDAY	<input type="checkbox"/> JUNETEENTH	<input type="checkbox"/> THANKSGIVING DAY
<input type="checkbox"/> WASHINGTON'S BIRTHDAY	<input type="checkbox"/> INDEPENDENCE DAY	<input type="checkbox"/> CHRISTMAS DAY
<input type="checkbox"/> EASTER	<input type="checkbox"/> LABOR DAY	

SIGNATURE OF PARTICIPANT OR GUARDIAN	DATE
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NOTE: DEPARTMENT OF HEALTH AND SENIOR SERVICES OFFICIALS OR A SPONSORING ORGANIZATION REPRESENTATIVE MAY CONTACT YOU TO VERIFY INFORMATION.

ANNUAL UPDATES: THE PARTICIPANT OR GUARDIAN SIGNING THIS FORM CERTIFIES THAT THE ENROLLMENT INFORMATION IS CORRECT. IF INFORMATION HAS CHANGED, THE PARTICIPANT OR GUARDIAN HAS WRITTEN THE APPROPRIATE CHANGES ON THE FORM AND INITIALED THE CHANGE. IF THERE ARE MANY CHANGES, PLEASE COMPLETE A NEW FORM

FIRST ANNUAL UPDATE	PARTICIPANT OR GUARDIAN SIGNATURE	DATE
SECOND ANNUAL UPDATE	PARTICIPANT OR GUARDIAN SIGNATURE	DATE
THIRD ANNUAL UPDATE	PARTICIPANT OR GUARDIAN SIGNATURE	DATE

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:
 U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; or
2. fax:
 (833) 256-1665 or (202) 690-7442; or
3. email:
 Program.Intake@usda.gov

This institution is an equal opportunity provider.

Completing Enrollment Roster

An [Enrollment Roster \(CACFP-220\)](#) is not a required form; however, it may assist the center in tracking new participants and their eligibility category.

- It should be completed on an annual basis.
- List all participants enrolled at the center (preferably in alphabetical order by last name).
- Add new participants enrolled at the bottom throughout the year.
- Indicate the participant's claiming category (free, reduced, or paid).
- Indicate the participant's enrollment date.
- Indicate the date when the Income Eligibility Form (IEF) was signed by center personnel.
- Indicate the termination date when the participant leaves the center.

It is important that this form is “for office use only” since the information on meal eligibility classification (free, reduced, paid) must be kept confidential.

Individual Plan of Care

The individual plan of care is a written evaluation of an individual's health and social needs. Child and Adult Care Food Program (CACFP) requires the adult day care center to complete an individual plan of care for each functionally impaired participant. Please note your licensing agency may require an individual care plan of care for all participants, including those 60 years of age or older who are not functionally impaired. The individual plan of care must include the following:

- Goals and objectives of the planned care.
- Activities that will be completed to achieve the goals and objectives.
- Recommendations for therapy, including nutrition consultations.
- Referrals for follow-up with other service providers, as needed.
- Provisions for periodic review and renewal.
- The plan of care should also include a daily schedule of individual and group activities aimed at providing physical and mental stimulation.

Once the initial assessment is completed, a plan can be developed to meet the participant's individual needs.

Attendance Records

Documentation of Daily Attendance is a Child and Adult Care Food Program (CACFP) Requirement.

Accurate daily attendance records (original documentation) of all enrolled participants must be recorded separately from the center's meal count records, although they may be maintained on the same form [7 CFR 226.15(e)(2)]. Attendance records cannot be used as a basis for completing the meal count records; however, the daily attendance must support the daily meal count records.

For example, If John Doe is claimed for meals on October 17, the attendance records must indicate that John Doe was in attendance on October 17 during the time each meal is claimed.

Meals served to participants not documented on the daily attendance record will not be reimbursed. Centers may document on one of the forms listed below or use an attendance form created by the center with Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) approval.

- [Daily Attendance Record \(CACFP-213\)](#)
- [Time In/Time Out Record \(CACFP-221\)](#) or

Documentation of Daily Attendance:

- The center may use program roll books, participant sign in/out sheets, or attendance sheets to complete attendance records.
- Type or print names alphabetically with the last name first (must be legible).
- Require participants to sign in as they arrive, or if staff takes attendance, do so at the same time each day so it becomes routine. If attendance is only based on participant-provided attendance documentation, the full name must be legible.
- Meal count records may not be used in lieu of attendance records.
- Count the number of participants each day and keep a running total of the number of participants in attendance for the monthly claim.
- File the completed original attendance records in the monthly folder with other CACFP documents for the claim month.

Instructions for completing Daily Attendance Record (CACFP-213):

- This form uses one page for each month.
- Enter the month and year on top of the form.
- Either have the staff list each participant's name in alphabetical order by the last name or have each participant legibly enter their complete name.
- The center may use its own method to record attendance, but some common notations include X = in attendance and A = absent, etc.
- Total the number of participants in daily attendance at the bottom of each form.
- On the last workday of the month, add the daily attendance to arrive at the monthly Grand Total. Add all Grand Total amounts from each attendance record to get the center's total attendance for the month. This number is entered on line six of the monthly claim when the monthly claim is submitted.

Time In / Time Out Records*

Instructions for completing the daily [Time In/Time Out Record \(CACFP-221\)](#):

- One form for each day of the week.
- Enter the day of the week.
- Enter the calendar date indicating month, day, and year.
- List the enrolled participants in alphabetical order by last name (must be legible).
- Indicate the time of arrival in the TIME IN column and the initials of the person who enters the time.
- Indicate the time the participant leaves in the TIME OUT column and initial.
- Total the number of hours attended each day.

It is recommended that original forms be maintained in a 3-ring binder separated by each letter of the alphabet or family last name; new names can be added, and old names removed as necessary.

***Sign-in and sign-out sheets are NOT a Child and Adult Care Food Program (CACFP) requirement; CACFP 15-2013.**

Meal Count Record

Daily Meal Count Records are a requirement for the Child and Adult Care Food Program (CACFP). Daily counts of the number of meals served to enrolled participants, taken manually at the time of service, must be recorded and maintained by all centers. The meal count records must contain the number of meals served by each meal type (breakfast, lunch, snack, and supper) and by income eligibility category (free, reduced, and paid) for a center to consolidate and submit a justifiable monthly claim for reimbursement accurately.

Meal Counting Methods – Retention of original employee-documented meal count records is required. The center may choose to enter the original paper and pen or pencil meal counts into an electronic accounting system for ease of consolidation. Each meal must be recorded at the time the meal is served to each participant, which is called “**point of service**” (POS) meal count. Meal count records document the name of each eligible participant and the meal(s) to be claimed for reimbursement on a daily basis. The form also provides confidential coding, such as X, Y, and Z, to indicate the participant’s claiming category (free, reduced, or paid).

If a center would like to use an electronic system for both POS meal count and monthly consolidation, prior Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) approval is required to ensure CACFP requirements are met. If an electronic system is implemented, the center must establish a backup system.

The original source documentation must be retained for three fiscal years plus the current year.

Completing the Meal Count form CACFP-225:

- Enter the center name.
- Enter the calendar “week of” including month, date range, and year.
- List enrolled participants (preferably in alphabetical order with last name first). Print or type each participant’s full name; do not use nicknames.
- Indicate the claiming category for each participant under the code box using a code that assures confidentiality, such as **X = Free, Y = Reduced-price, or Z = Paid.**
- For each meal served, place a checkmark in the box under the appropriate meal on the meal count form.
- Record the meal as it is served to each participant, referred to as a **POS** meal count. A total head count or head count by category is not acceptable.
- Calculate the total **free** meals, total **reduced-priced** meals, and total **paid** meals for each category across and down. Compare the cross calculations with the down calculations to check for accuracy.

Tip: To help distinguish claiming categories for the purpose of counting, use two colored highlighters. For example, Green = free, Yellow = reduced, and white = paid.

The 5-day Meal Count form ([CACFP-225](#)) and the 7-day Meal Count form ([CACFP-225A](#)) are available at: www.health.mo.gov/cacfp - Forms.

The Meal Count Consolidation ([CACFP-653](#)) is a tool to help consolidate weekly meal counts into a monthly meal count to enter into the monthly claim for reimbursement.

Claim for Reimbursement

Claims for meal reimbursement are filed via the internet at <https://mo.cnpus.com>


Each user of the Child and Adult Care Food Program (CACFP) web-based system must have a personal user ID and password, referred to as User Access. User IDs and passwords may not be shared. It is recommended that two key people from each center have access to submit claims and make system changes. If you want to add User Access or change current access when a user is no longer employed, you must submit a [Network User Access Request Form \(MO 580-1854\)](#) available at www.health.mo.gov/cacfp - Forms.

In this web-based system, each independent center is considered a sponsor of one center!

Basic Claiming Steps are available on the CACFP website under Links to Important Information at www.health.mo.gov/cacfp.

Please read all instructions before entering your first claim.

Tips for Moving in the Web-Based System

- Do not use the “Back” button; use the menu in the orange section at the top left of the screen or use the “breadcrumb trail” (orange bar) to navigate from screen to screen.
- Each time you save the claim, no matter if it has errors, it is saved on the server and will be there if you need to leave or log off and come back.
- Use the “Tab” key to navigate from field to field, or use your cursor to click into the field you want to complete. Try not to use the “Enter” key; if you do, the claim will be saved in error status.
- If you are in “View” mode, changes will not be saved. If you want to make changes, make sure you are in  “Edit” or “Revise” mode.
- Claims are saved at the site level or center level before saving a sponsor-level claim.
- Revisions can only be filed after the original or previous revision is in “Paid” status.

User Notes

- Click the “Users” tab to view individuals who have access to submit applications and claim information for your organization.
- User Access IDs and passwords are assigned to individuals and are not to be shared.
- Inform the state office immediately if an individual with access is leaving your organization so their access can be revoked.

- Submit a Network User Access Request form to request online access for new users.

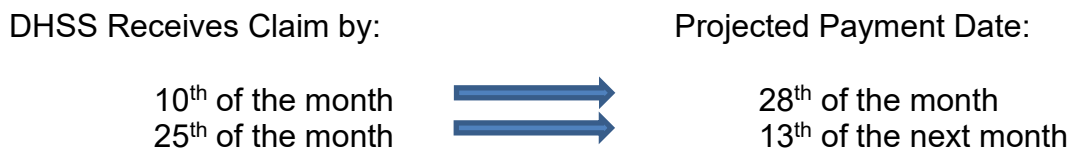
Payment Notes

- Click the “Payments” tab to view upcoming and past payments for CACFP claims.
- If a claim has been approved but has not yet been processed for payment, the payment information will show in the Open Balance Transactions section. All other payments are shown in the next section.
- When checking the payments, the processed date shown is approximately 4 to 5 business days prior to the electronic funds deposit date. It is the date it was processed and the information was sent to the State of Missouri payment system.
- Deductions, if any, made from claim reimbursements due to downward revisions are reflected in the information under the “Payments” tab only, not in the claim amount under the “Claims” tab.

Filing a Claim for Reimbursement

- **A center has 60 calendar days from the end of the claim month to file a claim for reimbursement.** It is not the last day of the month; it is 60 calendar days. If a claim is filed online late, the center may not be paid for that month.
- Submit the completed claim online after you have reviewed your entries and are satisfied that the claim is completed accurately. The system has built-in checks that should decrease the chance of errors in the claim being submitted.
- You cannot enter a claim before the first day of the next month. For example, an October claim cannot be entered until November 1.

The Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) processes claims on the 10th of each month for payment by check or automatic deposit by around the 28th of the month. A second processing for claims is done on the 25th of the month for claims received from the 11th through the 25th. The second payment is made around the 13th of the following month.



DHSS-CFNA cannot guarantee an exact date; this is a projected date only.

CACFP payments are typically directly deposited. This avoids payment delays and lost checks. If you have not received your payment within 15 days of the projected payment date, please contact DHSS-CFNA. **Per CACFP regulations, DHSS-CFNA will provide payment of valid claims within 45 days of receipt.**

60 Day Deadline for CACFP Claims

Month	60 Day Deadline for Original Claims	60 Day Deadline for Original Claims "Leap Year"
October	December 30	
November	January 29	
December	March 1	February 29
January	April 1	March 31
February	April 29	
March	May 30	
April	June 29	
May	July 30	
June	August 29	
July	September 29	
August	October 30	
September	November 29	

Additional Meal Claim Information

- Creditable meals may be claimed for participants 60 years of age and older or adults who are functionally impaired (18 years of age or older) when enrolled and in attendance each day of operation: two meals and one snack or one meal and two snacks per participant per day.
- Meals or meal components purchased at a fast food establishment or any restaurant may not be claimed for reimbursement. Even with documentation, meals or individual food items, such as pizza, purchased at restaurants or fast food establishments may not be claimed for reimbursement.
- Meals prepared or packed at the center and served off the center grounds, such as a picnic, that were supervised by center personnel may be claimed.
- Meals prepared or packed at the center and sent with a participant to eat at another location without the supervision of center personnel are not eligible to be claimed for CACFP reimbursement.
- Food items provided by the adult participant, a person on behalf of the adult participant, or other unapproved food sources cannot be counted as fulfilling any of the CACFP required meal or snack components. However, there are exceptions described in [CFR 226.20\(g\)](#) for participants who cannot consume regular meals because of medical or special dietary needs, either due to disability or non-disability reasons.
- SNAP benefits may not be used to purchase food for CACFP.

Meal Service Times and Duration

Reimbursement for meals will only be made when meals are served during the center's approved meal times as listed on the Center Information Sheet of the program application on the CACFP web-based system. Meal times may be changed as needed, within the requirements of this policy, and through revision and approval of the Center Information Sheet in the CACFP web-based system at: <http://dhssweb04.dhss.mo.gov/cnp>.

Adult day care centers may claim two meals and one snack or one meal and two snacks per participant per day.

When scheduling meal times, the following guidelines will be used for approval:

Breakfast

- The duration of the breakfast meal service may take no longer than two hours from start to finish.
- The breakfast meal must be served at a time traditionally considered as the normal serving time for breakfast.

Snack

- The duration of the snack service may take no longer than two hours from start to finish.
- A snack may be approved for midmorning, afternoon, or evening.
- A snack may be scheduled no earlier than two hours after the completion of the previous meal or snack.
- The midmorning snack may be served at a time less than two hours following completion of the breakfast meal, only in situations where the participants served morning snacks are totally different participants who arrive at the center too late for the scheduled breakfast.

Lunch

- The duration of the lunch meal service may take no more than two hours from start to finish.
- Lunch must be served at a time traditionally considered to be the normal serving time for lunch.
- Lunch may be served no earlier than two hours after the completion of the previous meal or snack.

Supper

- The duration of the supper meal service may take no more than two hours from start to finish.
- The supper meal must be served at a time traditionally considered as the normal serving time for supper.
- The supper meal may be scheduled no earlier than two hours after the completion of the previous meal or snack.

For-Profit Center Claim Procedures

For-profit centers must document, on a monthly basis, their eligibility to participate in the Child and Adult Care Food Program (CACFP). For-profit centers must be able to verify that at least **25% of the enrolled participants or licensed capacity (whichever is less) are either Title XX (Block Grants to States for Social Services) or Title XIX (Medicaid Program) beneficiaries or eligible for free or reduced-price meal reimbursement.** Required documentation is either current Income Eligibility Forms (IEFs) or the monthly Title XX and/or Title XIX vendor invoices. The Title XX invoices are received from the Family Support Division (FSD), and the Title XIX invoices are received from the MO HealthNet Division. Independent for-profit centers and sponsoring organizations of these centers must submit the number of enrolled participants and the number of participants receiving Title XX and/or Title XIX benefits or eligible for free or reduced-price meals each month that CACFP reimbursements are claimed.

To evaluate eligibility, the following steps must be taken each month. For reference, the following page is a screenshot of the center claim page that must be completed.

1. Determine how many participants were enrolled and in attendance at least one day for the claim month. Participants in attendance include part-time and drop-in care. All participants in attendance must be included in the total regardless of whether they were claimed for a meal.
2. Compare this number (enrolled participants who attended at least one time in the month) to the licensed capacity of the center. Determine which of the two numbers, total enrollment or licensed capacity, is the smallest. Use the smaller of the two numbers.
3. Determine the number of Title XX and/or Title XIX eligible participants **OR** the number of free and reduced eligible participants that were enrolled **and** in attendance at least one day for the claim month. If using the number of Title XX and/or Title XIX eligible participants, count the total number of participants listed on the vendor billing for the claim month. Verify that each Title XX and/or Title XIX eligible participant reported was in attendance at least one day during the claim month. Enter the total (either the verified Title XX and/or Title XIX eligible participants **OR** free and reduced eligible participants) in **Field 10** of the Center Claim.
4. Divide the number of Title XX and/or Title XIX eligible participants **OR** free/reduced-price eligible participants by the total enrollment or license capacity, whichever is less. If this number is greater than or equal to 0.250, you may submit a claim for reimbursement for that month and check the first certification statement in **Field 11**.
5. If the number is less than 0.250, your center is not eligible for reimbursement for this month. You will check the second certification statement in **Field 11** and continue the claims submission process. The claim will be submitted to the state with the meal information removed since it will not be paid.

For Example:

Harmony Adult Daycare has a licensed capacity of 45 adults. Records indicate that 50 adults were enrolled and in attendance for at least one day during the month of October. Of these 50 adults, 12 were Title XX and/or Title XIX beneficiaries. Since 45 (licensed capacity) is less than 50 (enrolled and in attendance), 45 is the number used for the calculation. 12 divided by 45 is 0.26 or 26%. Since 0.26 or 26% is greater than 0.25 or 25%, the center is eligible to submit the October claim.

Site Claim

2810 Example-Private-For Profit Adult Care Center

Example-Private-For Profit Adult Care Center - ACC Claim
2810-1

October 20XX
Complete
Revision 0
Original Claim

Center Operating and Enrollment Data (Must reflect the claiming period)

1. Free Enrollment	<input type="text"/>	Number of Operating Days	<input type="text"/>
2. Reduced Enrollment	<input type="text"/>	Total Attendance for Month	<input type="text"/>
3. Paid Enrollment	<input type="text" value="0"/>	Average Daily Attendance	<input type="text"/>
4. Total Enrollment	10	License Capacity <small>(from Application)</small>	28

Meal Count Data

	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack
5. Free	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
6. Reduced	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
7. Paid	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
8. Total Meals	0	0	0	0	0	0
9. Average Daily Participation	00.0	00.0	00.0	0.00	0.00	0.00

For-Profit Sites Only

	Total Title XX/XIX Beneficiaries	Free/Reduced-Price Eligible Children	Current Total Enrollment or Licensed Capacity	Eligibility %
10.	<input type="text" value="10"/>	<input type="text" value="0"/>	10	100.0%

11. For-Profit Eligibility Certification

Note: Once this button is checked and the claim has been submitted, the claim can only be modified by a state agency representative.

- 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.

Exercise Time!!!

Completing the Attendance Record, Meal Count Records and Center Claim

Exercise #1

Daily Attendance:

- Using the Attendance Record on the next page, tally the total daily attendance for each day and calculate the total attendance for the month.
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Exercise #2

Meal Count Record:

- Using the Meal Count Record, calculate the total free (code X), reduced (code Y) and paid (code Z) meals for each meal category (B for breakfast; L for lunch, etc.) by day and for the week of July 7-11.
-

Exercise #3

Center Claim:

- Use the numbers from Exercise #1 Daily Attendance and Exercise #2 Meal Count Record above, as well as the completed meal counts for weeks 2 through 4, to complete the Meal Count Consolidation form and the center claim. Assume that Humpty Dumpty Adult Daycare is a not-for-profit center.

*Remember, your center's real claim will be filed online!



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
MEAL COUNT

Exercise 2 Meal Count Record Week #1

CENTER Humpty Dumpty Adult Daycare	WEEK OF July 7-11, 20XX	KEY B-Breakfast, 1-1 st Snack, L-Lunch, 2-2 nd Snack, S-Supper
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PARTICIPANT'S NAME	CODE	MONDAY					TUESDAY					WEDNESDAY					THURSDAY					FRIDAY					TOTALS				
		DATE 7/7					DATE 7/8					DATE 7/9					DATE 7/10					DATE 7/11									
		B	1	L	2	S	B	1	L	2	S	B	1	L	2	S	B	1	L	2	S	B	1	L	2	S					
Horner, Jack	X	✓		✓			✓		✓	✓		✓					✓		✓	✓		✓		✓	✓						
Lamb, Mary	X	✓		✓	✓		✓		✓			✓		✓	✓		✓		✓	✓		✓		✓	✓						
Peep, Little Bo	Z						✓		✓	✓		✓		✓	✓		✓		✓	✓											
Piper, Peter	Y	✓		✓	✓		✓					✓		✓	✓		✓		✓												
Porgie, Georgie	Y						✓		✓	✓		✓		✓			✓		✓	✓		✓		✓	✓						
Simon, Simple	Z	✓		✓	✓		✓		✓	✓							✓		✓	✓		✓		✓							
Total Meals Coded X																															
Total Meals Coded Y																															
Total Meals Coded Z																															



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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MEAL COUNT

Exercise 3 - Week 3 Meal Count

CENTER Humpty Dumpty Adult Daycare	WEEK OF July 21-25, 20XX	KEY B-Breakfast, 1-1 st Snack, L-Lunch, 2-2 nd Snack, S-Supper
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PARTICIPANT'S NAME	CODE	MONDAY					TUESDAY					WEDNESDAY					THURSDAY					FRIDAY					TOTALS							
		DATE 7/21					DATE 7/22					DATE 7/23					DATE 7/24					DATE 7/25												
		B	1	L	2	S	B	1	L	2	S	B	1	L	2	S	B	1	L	2	S	B	1	L	2	S	B	1	L	2	S	B	1	L
Horner, Jack	X			✓	✓		✓		✓	✓		✓		✓	✓		✓		✓	✓				✓	✓		3		5	5				
Lamb, Mary	X			✓	✓		✓		✓	✓		✓		✓	✓		✓		✓	✓				✓	✓		3		5	5				
Peep, Little Bo	Z	✓		✓	✓		✓		✓	✓		✓		✓	✓				✓	✓							3		4	4				
Piper, Peter	Y	✓		✓					✓	✓				✓	✓				✓	✓		✓		✓	✓		2		5	4				
Porgie, Georgie	Y						✓					✓					✓					✓					4							
Simon, Simple	Z	✓					✓		✓			✓					✓		✓			✓		✓			5		3					
Total Meals Coded X		0		2	2		2		2	2		2		2	2		2		2	2		0		2	2		6		10	10				
Total Meals Coded Y		1		1	0		1		1	1		1		1	1		1		1	1		2		1	1		6		5	4				
Total Meals Coded Z		2		1	1		2		2	1		2		1	1		1		2	1		1		1	0		8		7	4				



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
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MEAL COUNT

Exercise 3 - Week 4 Meal Count

CENTER Humpty Dumpty Adult Daycare	WEEK OF July 28-31, 20XX	KEY B-Breakfast, 1-1 st Snack, L-Lunch, 2-2 nd Snack, S-Supper
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PARTICIPANT'S NAME	CODE	MONDAY					TUESDAY					WEDNESDAY					THURSDAY					FRIDAY					TOTALS				
		DATE 7/28					DATE 7/29					DATE 7/30					DATE 7/31														
		B	1	L	2	S	B	1	L	2	S	B	1	L	2	S	B	1	L	2	S	B	1	L	2	S	B	1	L	2	S
Horner, Jack	X			✓	✓		✓		✓	✓		✓		✓	✓		✓		✓	✓							3		4		4
Lamb, Mary	X			✓	✓		✓		✓	✓		✓		✓	✓		✓		✓	✓							3		4		4
Peep, Little Bo	Z	✓		✓	✓		✓		✓	✓		✓		✓	✓		✓		✓	✓							4		4		4
Piper, Peter	Y																														
Porgie, Georgie	Y																														
Simon, Simple	Z						✓		✓	✓		✓		✓			✓		✓	✓							3		3		2
Total Meals Coded X		0		2	2		2		2	2		2		2	2		2		2	2							6		8		8
Total Meals Coded Y		0		0	0		0		0	0		0		0	0		0		0	0							0		0		0
Total Meals Coded Z		1		1	1		2		2	2		2		2	1		2		2	2							7		7		6

Site Claim

53 Example-Non-Profit

July, 20XX

**Example-Non-Profit - CCC Claim
53-1**

Pending Submission

New Claim

Original Claim

Center Operating and Enrollment Data (Must reflect the claiming period)

1. Free Enrollment	<input type="text"/>	Number of Operating Days	<input type="text"/>
2. Reduced Enrollment	<input type="text"/>	Total Attendance for Month	<input type="text"/>
3. Paid Enrollment	<input type="text"/>	Average Daily Attendance	0.00
4. Total Enrollment	0	License Capacity <small>(from Application)</small>	120

Meal Count Data

	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack
5. Free	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
6. Reduced	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
7. Paid	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
8. Total Meals	0	0	0	0	0	0
9. Average Daily Participation	0.00	0.00	0.00	0.00	0.00	0.00

Internal Use Only

12. Submission Type: ▾

13. Override Accuclaim

Reason for Exceptions:

Created By:

Modified By: