

Southern Adirondack Child Care Network, Inc.

37 Everts Avenue Queensbury, N.Y. 12804
Phone (518) 798-7972 Fax (518) 812-0799

CACFP Monthly Summary Sheet

Please attach this form with completed monthly
Menus and Meal Count/Attendance Sheets.
Mail or deliver them, so they are received by the date
due to:

SACCN
CACFP Claim
37 Everts Avenue
Queensbury, N.Y. 12804

For SACCN Use Only			
Provider Number	_____		
Tier 1	___ Tier 2	___ Mixed	___
Enrollments Checked	_____		
Infant Menus Checked	_____		
Meal Visit	___	Visit Sheet Checked	___
Menus Checked	___	Numbers Checked	___
Processed By	___	Date Entered	___

Provider _____ **Phone** _____

Month _____ **Year** _____ **Number of days meals claimed** _____

_____ Total number of children present for care this month.

_____ Total attendance for the month. (Add together the total number of children present
each day, this number is found in the Totals at the bottom of the Time (In/Out)
column on the Meal Count/Attendance Sheet.)

Total meals claimed for reimbursement:

_____ Breakfast	_____ AM Snack
_____ Lunch	_____ PM Snack
_____ Supper	_____ Evening Snack

Children new to care this month:

Name

Children who have permanently left care:

Name	Last Day Claimed
_____	_____
_____	_____
_____	_____

School age children were present on the following days:

Date	Reason Present
_____	_____
_____	_____
_____	_____

Certification of Claim Documentation

I, _____, certify that to the best of my knowledge, the number of meals being claimed for reimbursement is accurate and true. I understand that reimbursement for meals claimed is given in connection with Federal funds. Meals and snacks claimed are only for those children present and fed for that meal or snack. I have claimed no more than three meals/snacks per child per day, and all meals meet the food requirements. I also understand that deliberate misrepresentation of program records may subject me to prosecution under applicable State and Federal criminal statutes.

Provider _____

Date _____