

**ARIZONA DEPARTMENT OF EDUCATION  
CHILD AND ADULT CARE FOOD PROGRAM CENTER SITE CLAIM**

Claims must be received by the 10<sup>th</sup> of the month following the claim month. Claim(s) are to be submitted electronically at the CNP Web at <https://www.ade.az.gov/commonlogon>. Sponsor must retain a copy of claim for permanent record.

**CTD #** \_\_\_\_\_ **Sponsor** \_\_\_\_\_

**CTDS #** \_\_\_\_\_ **Site Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Phone** (      ) \_\_\_\_\_

<b>Claim Month/Year:</b> _____	<b>Type of Submission:</b> <input type="checkbox"/> Original <input type="checkbox"/> Revision <b>Date of Revision:</b> _____
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***Program Participation***

Maximum Days Served	
Average Daily Participation	
Participants Approved for Free Meals	
Participants Approved for Reduced-Price Meals	
Participants Approved for Paid Meals	
Participants Enrolled	
Number of Enrolled Participants Receiving Title XIX or XX Benefits	

***Reimbursable Meals Served***

Breakfast	
Morning Snack	
Lunch	
Afternoon Snack	
Supper	
Evening Snack	
At-Risk After School Snack	