



Center Site Claim Worksheet

Claim Month: _____ Program Year: _____

Sponsoring Organization: _____ CTD#: _____

CTD#: _____ Site Name: _____

Site Address: _____

Sponsor Contact: _____ Phone: _____

Type of Submission: Original
 Revision | Date of Revision: _____

Program Participation	
Enter the following program participation data based on attendance during the claiming month as supported by Sign-In and Out Sheets, Income Affidavits, and Claiming Rosters.	
Number of 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			
Enter the number of reimbursable meals served during the claiming month as supported by dated CACFP Menu, Menu Supporting Documentation, Point of Service Meal Count Sheets, Infant Point of Service Meal Count Sheets (if applicable), and Meal Count Summary Sheet.			
Breakfast		Afternoon Snack	
Morning Snack		Supper	
Lunch		Evening Snack	
		At-Risk Afternoon Snack	
		At-Risk Supper	