

INSTRUCTIONS FOR DOCUMENTATION OF MEALS CLAIMED – AT-RISK (H1540-AT)

Contracting entities (CEs) that are sponsoring organizations must use this form, or alternate, to record consolidated attendance, meal counts by type, and total Program dollars paid to each site during each claim month. TDA staff will review this information during administrative reviews and at any time upon request.

NOTE: Use the Documentation of Meals Claimed (H1540) along with this form to document the meals served under the traditional child care center component of CACFP for sites that operate both traditional and at-risk at the same site. The sponsor will have two forms for these sites each claim month.

IDENTIFYING INFORMATION

Name of Contracting Entity (CE) – Enter the name of the contracting entity.

CE ID – Enter the five-digit CE ID that has been assigned to you by the Texas Unified Nutrition Programs System (TX-UNPS).

Month and Year – Enter the claim month and year to which this information pertains.

Name of Site – Enter the name of each site alphabetically.

Site # – Enter the four-digit site number that has been assigned to the site by TX-UNPS.

Attendance – Enter the total monthly attendance for only those children/participants who will be claimed during the claim month and year.

Number of Meals Claimed – For each site enter the total number of meals claimed by meal type.

Total Dollars Paid – Enter the total reimbursement paid to each site.

Totals– Enter the total for each column.

CERTIFICATION

Read the Certification Statement. An authorized representative signs, dates, and enters his/her title certifying that the completed information is true and correct.

Documentation of Meals Claimed – At-risk

Name of Contracting Entity (CE)	CE ID	Month and Year
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Name of Site (List alphabetically)	Site #	Attendance	Number of Meals Claimed				Total Dollars Paid
			At-risk Breakfast	At-risk Lunch	At-risk Supper	At-risk Snack	
Totals:							

I certify that the information on this form is true and correct to the best of my knowledge. I understand that misrepresentation or withholding of information may result in prosecution under applicable state and Federal laws.

Signature - Authorized Representative
Date
Title