Texas Department
of Human Services

CLAIM FOR REIMBURSEMENT
(Special Nutrition Programs)

Form **1532**
November 2002

Submit the original of this form to the Texas Department of Human Services, Special Nutrition Programs, (Y-906), P.O. Box 149030, Austin, TX 78714-9030. This form may be faxed to Financial Services at (512) 371-9319; receipt of faxed forms by DHS may be confirmed by calling (512) 420-2550 during normal business hours. A copy of this form must be kept by the contractor. Claims must be postmarked or received by DHS no later than 60 days after the last day of the claim month.

Name and Address of Contractor

Authorized Representative (please type or print)	
Telephone No.	Contract No. 7 5
Month and Year of This Claim (mm/yyyy)	

CACFP ADULT DAY CARE CENTERS

1. **Place an "X" in this box if this claim amends a previously submitted claim.** ☐	2. Program No. TX ___ – 6 ___	
TOTAL NUMBER OF MEALS SERVED	**A. First Meals Served**	**B. Second Meals Served**
3. Breakfasts		
4. A.M. Snacks		
5. Lunches		
6. P.M. Snacks		
7. Suppers		
8. Evening Snacks		
9. Number of Eligible Centers Operating this Month	10. Total No. Days Food Service	11. Total Monthly Attendance
12. Total Number Eligible for Free Meals	13. Total Number Eligible for Reduced Price Meals	14. Total Not Eligible for Free or Reduced Price Meals

SUMMER FOOD SERVICE PROGRAM

1. **Place an "X" in this box if this claim amends a previously submitted claim.** ☐	2. Program No. TX ___ – 1 ___	
TOTAL NUMBER OF MEALS SERVED	**A. First Meals Served**	**B. Second Meals Served***
3. Breakfasts		
4. A.M. Snacks		
5. Lunches		
6. P.M. Snacks		
7. Suppers		
*** Will not pay for 2nd meals exceeding 2% of 1st meals.**		
8. Total Days this Month Food Service Provided	9. Number Rural Sites Operating this Month	10. Number Urban Sites Operating this Month
11. Food Preparation Type (check only one) ☐ **Self-Prep Rural** ☐ **Vended Rural** ☐ **Vended Urban** ☐ **Self-Prep Urban**		
12. Total Operating Costs $ .00	13. Administrative Costs $ .00	14. Total Income $ .00

CACFP CHILD CARE CENTERS, EMERGENCY SHELTERS, AND AT RISK AFTERSCHOOL SNACKS

1. **Place an "X" in this box if this claim amends a previously submitted claim.** ☐	2. Program No. TX ___ – 0 ___	3. Total Number Eligible for Free Meals	4. Total Number Eligible for Reduced Price Meals	5. Total Not Eligible for Free or Reduced Price Meals

FACILITY TYPE	**6. Number of Days Food Service Was Provided**	**7. Total Monthly Attendance**	**8. Number of Eligible Facilities Operating This Month**
A. Child Care Centers			
B. Proprietary Title XX Child care Centers			
C. Outside School Hours Care Centers			
D. Head Start Centers			
E. At Risk Afterschool Centers			
F. Emergency Shelters			

NUMBERS OF MEALS CLAIMED (children only)	**First Meals Claimed**		**Second Meals Claimed**	
	9. Centers	**10. Shelter**	**11. Centers**	**12. Shelter**
A. Breakfasts				
B. A.M. Snacks				
C. Lunches				
D. P.M. Snacks				
E. At Risk Afterschool Snacks				
F. Suppers				
G. Evening Snacks				

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Month and Year of This Claim (mm/yyyy)	

CACFP DAY CARE HOMES

1. **Place an "X" in this box if this claim amends a previously submitted claim.** ☐	2. Program No. TX ___ – 8 ___
3. Program Administrative Costs (round to nearest dollar) $ .00	4. Money (other than USDA program funds) Used to Pay Administrative Costs (income) $ .00

FACILITY TYPE	5. Number of Days Food Service Was Provided	6. Total Monthly Attendance	7. Number of Eligible DCH Providers Operating This Month
A. TIER I			
B. TIER II H (all Tier I enrolled)			
C. TIER II L (all Tier II enrolled)			
D. TIER II M (both Tier I & Tier II enrolled)			

TOTAL NUMBER OF MEALS SERVED TO ELIGIBLE CHILDREN	8. Tier I Meals Served in Tier I Homes	9. Tier I Meals Served in Tier II Homes	10. Tier II Meals Served
A. Breakfasts			
B. A.M. Snacks			
C. Lunches			
D. P.M. Snacks			
E. Suppers			
F. Evening Snacks			

NATIONAL SCHOOL LUNCH/SCHOOL BREAKFAST PROGRAM AND AFTERSCHOOL CARE SNACK PROGRAM

1. **Place an "X" in this box if this claim amends a previously submitted claim.** ☐	2. Program No. TX ___ – 2 ___
3. Total Cost $ .00	**COST:** If participating in the **School Breakfast Program**, enter the total cost for NSLP and SBP (round to the nearest dollar).

	4. Number of days Food Service Was Provided	5. Total Monthly Attendance	6. Number of Eligible Facilities Operating this Month
A. National School Lunch/ School Breakfast Program			
B. Afterschool Care Snacks (**do not** include Area Elig.)			
C. Afterschool Care Snacks (Area Eligible **Only**)			

NUMBER OF MEALS SERVED	7. Number of Paid Meals Served	8. Number of Reduced Price Meals Served	9. Number of Free Meals Served
A. Lunches			
B. Breakfasts			
C. Afterschool Care Snacks (**do not** include Area Elib.)			
D. Afterschool Care Snacks (Area Eligible **Only**)			

NUMBER OF CHILDREN APPROVED	10. Number of Children Approved for Meals	11. Number of Children Approved Reduced Price	12. Number of Children Approved for Free Meals
A. National School Lunch/ School Breakfast Program			
B. Afterschool Care Snacks (**do not** include Area Elig.)			

SPECIAL MILK PROGRAM

1. **Place an "X" in this box if this claim amends a previously submitted claim.** ☐	2. Program No. TX ___ – 3 ___	3. Number of Days Milk was Served	4. Total Monthly Attendance	5. Number of Schools/Child Care Facilities Served this Mo.

6. Number of half-pints of milk served to children in programs that **do not** charge separately and/or number of half-pints of milk served to children who are required to pay for their milk in programs that **do** charge separately	
7. Number of half-pints of milk served **free to eligible children** in programs that charge separately	
8. Total **cost** of **ALL** half-pints of milk purchased (and reported in Item 9; rounded to the nearest dollar)	$ .00
9. Total **number** of **ALL** half-pints of milk purchased	