Texas Department
of Human Services

CHILD AND ADULT CARE FOOD PROGRAM
TITLE XIX/XX CERTIFICATION—Adult Day Care Centers

Form **4535**
February 2001

1. Place an "X" in this box if this certification amends a previously submitted claim: . . . ☐	2. Contract No. **7 5**
3. Name of Contractor	4. Program No. **TX** ☐☐☐ - **6** ☐☐☐
	5. Month and Year of Claim (mm/yyyy)

6. NAME OF CENTER	7. ENROLLMENT INFORMATION			
	A. Number of Participants Receiving Title XIX/XX (Nonprofit entities enter total enrollment.)	B. Total Number of Enrolled Participants	C. Is this Center Eligible to Claim CACFP Meals this Month?	
			YES	NO

I certify that I have claimed reimbursement only for meals served at approved proprietary for-profit centers at which 25% or more of the enrolled participants received Title XIX/XX benefits during the claim month.

10. Title (please print or type)

8. Signature–Authorized Representative

9. Date