

READ INSTRUCTIONS ON REVERSE carefully BEFORE completing claim. Submit one original copy of this form no later than the 10<sup>th</sup> of the month following the month being claimed to: CACFP, NYS Dept. of Health, Riverview Center, 150 Broadway FL 6 West, Albany, NY 12204-2719.

CACFP Agreement #:

A copy of this form must be kept by the sponsor. Any claim submitted must comply with the 60/90-day requirements.

Month & Year Claimed:	Month	Year
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Tier Category Tier 1, 2 High 2 Low, 2 Mixed	Name and Address of Provider	Amount Due	Enrollment		Actual Enrollment	*Average Daily Attendance	Total Days of Operation	Total Number of Meals Served per Home			
			Tier 1	Tier 2				Breakfast	Lunch	Supper	Supplement
								1	1	1	1
								2	2	2	2
								1	1	1	1
								2	2	2	2
								1	1	1	1
								2	2	2	2
								1	1	1	1
								2	2	2	2
								1	1	1	1
								2	2	2	2
								1	1	1	1
								2	2	2	2
								1	1	1	1
								2	2	2	2
								1	1	1	1
								2	2	2	2

TOTAL DOLLAR AMOUNT:

Tier 1 Meals served by Tier 1 Providers

Number of Providers claiming				Average Daily Attendance of Providers claiming			
Tier 1	Tier 2 High	Tier 2 Low	Mixed	Tier 1	Tier 2 High	Tier 2 Low	Mixed

Tier 2 High (claimed @ Tier 1)  
 Tier 2 Low (claimed @ Tier 2)  
 Total Meals

2	2	2	2

\*Average Daily Attendance (ADA) is determined by adding daily attendance for a month and dividing that total by the number of days of operation for the month.

### GENERAL INSTRUCTIONS

- A. The purpose of the Claim for Reimbursement Attachment for Sponsoring Organizations of Day Care Homes (DOH-3710) is to provide information that supports the numbers reported on the Claim for Reimbursement for Sponsoring Organizations of Day Care Homes (DOH-3709). If a sponsoring organization collects the information required by DOH-3710 on an agency form or on a computer spreadsheet, the organization may submit one copy of their attachment instead of DOH-3710. CACFP has the right to disapprove an agency's substitute claim attachment if it does not meet program requirements or if information has been omitted.
- B. A DOH-3710 must be completed and submitted with the DOH-3709 every month.
- C. The totals reported on the DOH-3710 must be transferred exactly to the DOH-3709.
- D. The DOH-3709 and the DOH-3710 must be submitted no later than the 10th of the month following the month being claimed.
- E. DOH-3710 must be *TYPEWRITTEN, HANDWRITTEN or PRINTED* in ink.

### SPECIFIC INSTRUCTIONS

- Each instruction corresponds with the column headings on the DOH-3710.
- Enter, in numbers, the month and year that the claim attachment covers. The time period must match the corresponding DOH-3709, item number 7.
- Enter your four-digit CACFP agreement number.

Please note, those sponsors completing the DOH-3710 manually must segregate the providers by tier category. By separating the providers by their appropriate tier category, sponsors will find it much easier totaling the information required to complete the DOH-3709. Listing the providers in this manner will also aid the CACFP staff in reviewing and processing the claim for payment.

**Names and Addresses of Day Care Homes Providers** – Enter the names and addresses of each day care homes provider that you are claiming. It is preferred that the day care homes providers listed should be in the same order each month, alphabetically with the new providers listed at the end. The following must be on file with CACFP for each day care homes provider that you are claiming:

- An Application and Agreement for Day Care Homes Participation (DOH-3705)
- A copy of the day care homes provider's current registration or license

For new day care homes providers, these documents should be mailed to CACFP between the 20th and the 25th day of the month that you would be first claiming these providers.

**Provider Tier Category** – Enter the appropriate tier category as determined by the sponsor organization for each provider as follows:

- **Tier 1**, enter “1” for providers the sponsor has determined are eligible for the higher reimbursement rate. Tier 1 eligibility can be determined based upon census data, elementary school data or provider’s income, as outlined in Sections I-III of the CACFP Tier Determination Manual for Sponsors of Day Care Homes.
- **Tier 2 High**, enter “2 High or 2-H” for providers the sponsor has determined are eligible as a Tier 2 provider, **and all of the enrolled children served are income qualified as Tier 1**. This Tier 2 day care home is one that is neither located in a low-income area (as defined by school nor census data), nor is served by a low-income provider (as determined by income eligibility), and **all** of the children enrolled in care are income eligible.
- **Tier 2 Low**, enter “2 Low or 2-L” for providers the sponsor has determined are eligible as a Tier 2 provider, **and none of the enrolled children served are income qualified as Tier 1**. This Tier 2 day care home is one that is neither located in a low-income area (as defined by school nor census data), nor is served by a low-income provider (as determined by income eligibility), and who has decided **not** to have the sponsor collect and determine the income eligibility of the children enrolled in care; or after collecting income information, the sponsor has determined that none of the children in care are income eligible.
- **Mixed**, enter “Mixed or M” for providers the sponsor has determined are eligible as a Tier 2 provider and the provider has both income eligible and non-income eligible children, thus qualifying for both the higher and lower reimbursement rate. At the provider’s request, the sponsor has attempted to collect income eligibility information to qualify enrolled children as Tier 1 eligible, and **at least one enrolled child served during the month met the income qualifications to be claimed as Tier 1**. Eligibility of the enrolled children is outlined in Section IV of the CACFP Tier Determination Manual for Sponsors of Day Care Homes.

**Amount Due** – Enter the amount due to each day care homes provider claimed based on the current reimbursement rates for meals. Enter the total amount due on each page in the “Totals” box. Add the totals from each DOH-3710 and report the total of all the pages in the grand total box, question 13 on DOH-3709.

**Enrollment** – Enter the total enrollment under the applicable tier category for each day care homes provider claimed. If the Provider Tier Category is “Mixed,” enter the eligible children in the Tier 1 and Tier 2 columns. Sponsors using either claiming percentage methods should change the enrollment for the “Mixed” providers only after the determination period. These numbers should not be changed until the next determination period. Enter the total of both enrollment categories for each provider in the Actual Enrollment column for the Tier 1 and Tier 2 “High and Low” providers. Sponsors using claiming percentage for their mixed providers should enter the actual number of enrolled children for the claiming month in the Actual Enrollment column.

**Average Daily Attendance** – For each day care homes provider, compute the average daily attendance for the month by adding daily attendance for the month and dividing that total by the number of days of operation during the same month for each day care homes provider. If the average daily attendance is not a whole number, round to one decimal point. For example, if the provider’s average daily attendance calculates to 4.45, enter “4.5.” Total the Average Daily Attendance for all the providers, **by tier category**, for each page, and enter it in the appropriate box and at the bottom of each DOH-3710. The totals for each tier category should then be entered in the appropriate column in item number 5, A-D, on DOH-3709. The total ADA should be rounded up to the nearest whole number on the DOH-3709.

**Total Days of Operation** – Review the number of days each day care homes provider was in operation for the month. Find the maximum days of operation for all providers and report this figure on DOH-3709, item number 6. For example, if some of the providers that you sponsor were open 21 days in the month, others for 19 days and one was open 23 days, enter the highest number “23.”

**Total Number of Meals Served Per Home** – For *Tier 1 Meals served by Tier 1 Providers*, total the number of meals, (breakfast, lunch, supper, morning, afternoon or evening supplements/snacks) served to eligible participants enrolled in each Tier 1 day care home and enter in the applicable meal category, items 8-11, column A. The *Tier 1 meals served by Tier 2 “High” and Mixed Providers* should be totaled, then combined and entered on the DOH-3709, items 8-11, column B. The total of all the *Tier 2 meals served by Tier 2 “Low” and Mixed Providers* should be totaled, then combined and entered on the DOH-3709, items 8-11, column D.

**Numbers of Providers Claiming** – In the boxes in the lower left-hand corner of the page, enter the number of day care homes providers you are claiming in each tier category. The maximum number of providers you can claim on a page is 10. Add the totals from each DOH-3710 completed for the claim and enter the total of all the pages on DOH-3709, item 5, A-D, Number of Providers Claimed During Month. The sum of all four categories should be totaled in item 5, E. This number will be the total number of day care homes claimed for the month.