



# Child and Adult Care Food Program (CACFP)

## Forms and Procedures

The CACFP plays a vital role in improving the quality of child care by providing partial meal reimbursements. The following messages are reminders about CACFP forms and procedures for Michigan Providers.

### Claim and Meal Attendance

The Claim is the form used each month to document the foods served and children in attendance at CACFP meals and snacks. Claims can be submitted on paper using ACD's menus or online using Minute Menu.

For each meal and snack that you serve and want to claim for reimbursement, record the meal or snack components and the children's attendance on the Claim before midnight on the day that the meals and snacks are served. **You may not record attendance on the Claim before the children begin eating.**

Online claims should be submitted to ACD electronically after the last meal or snack of the month has been served.

After you have served the last meal or snack of the month and your Claim is complete, mail or submit your Claim to the ACD Office. Michigan Department of Education (MDE) may refuse your reimbursement claim if it arrives at the ACD Office more than 60 days after the end of the month claimed. Please keep the second copy of your Claim for your files.

### Online Claiming

Minute Menu Webkids is the free, online claiming program that ACD offers in partnership with Minute Menu Systems. Online claiming is available to all ACD Providers.

#### Benefits of Online Claiming:

Minute Menu WebKids is an all-in-one application to help manage every aspect of your child care business. Online claiming lets you:

- ✔ **Submit reimbursement claims online.** This reduces posts costs, mail delays, errors, and the need for claiming with bubble menus.
- ✔ **Manage all information** related to each child in your care, such as emergency contacts, medical information, birthdays, special diets, etc.

### Direct Deposit

For your convenience, you may request that ACD deposit your monthly CACFP reimbursement into one checking or savings account of your choice.

To access your deposit statement, please log in to your Minute Menu account. Click on "Review Claims" and select the desired month. Under "Choose a Report," select "Claim Summary and Error Letter".

If you have difficulty logging in or need further assistance, please contact the Customer Service Department at (800) 234-3287.

To sign up for direct deposit, please call the ACD office at **(800) 234-3287** and request that a Direct Deposit Authorization Form be mailed or faxed to you or visit [www.acdkids.org](http://www.acdkids.org) and print one.

### Holiday Notes

- ✔ Certain holidays require separate notes of explanation written and signed by parents or guardians. Holidays requiring notes of explanation are: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.
- ✔ You will not be reimbursed for meals or snacks served to children claimed on a holiday without a separate note of explanation written and signed by their parents or guardians.

### Meal Counts

Your Provider/Sponsor Permanent Agreement states that you will not claim more than the following (per child, per day):

- ➡ **Two meals and one snack**
- OR**
- ➡ **Two snacks and one meal**

According to the Michigan Department of Education (MDE), you may not record more than these amounts on your monthly claim.

## Income Eligibility

### Provider Household Income Eligibility Application

A Provider Household Income Eligibility Application may be completed if you do not qualify for Tier 1 rates (based on school or census data) and want to apply for these higher rates based on your household income, or, if you qualify for Tier 1 Rates, based on school or census data, and want to apply to claim your own, residential, or foster children for CACFP reimbursement. The application must be complete, correct, and have all supporting documentation. **A correct, complete, and approved Provider Household Income Eligibility Application is valid for one year.**

## Enrollment Forms

The Child Enrollment Form enrolls children in your care to participate in the Child and Adult Care Food Program (CACFP). In order to be reimbursed for meals and snacks served, ACD must receive a Child Enrollment Form before or with the first Claim that includes the child. The Child Enrollment Form must be accurate and signed by a parent/guardian.

Submit a completed Child Enrollment Form when a child first comes into your care. Enrollment Forms must be renewed annually.

*Note: For infants not participating in the CACFP, you must select "nonparticipating" in the special information section of the enrollment form.*

### SPECIAL INFO:

Participates in CACFP: YES  
Special Needs: NO  
Special Diet: NO  
*If either are YES, attach a:*

**ONLINE CLAIMERS**

### 12. SPECIAL INFORMATION FILL IN ALL T

#### DOCUMENTATION MAY BE REQUIRED

- |                                     |                                         |
|-------------------------------------|-----------------------------------------|
| <input type="radio"/> SPECIAL DIET  | <input type="radio"/> NON-PARTICIPATING |
| <input type="radio"/> SPECIAL NEEDS | <input type="radio"/> MIGRANT WORKER'S  |

**MANUAL CLAIMERS**

The Child Enrollment Form must be verified and signed by the child's parent or guardian only. You may be terminated from the CACFP for signing this form for the parents or guardians. Before submitting a completed Child Enrollment Form to ACD for a new child in your care, review it for complete and correct information.

You may be reimbursed for only the meals and snacks that fall within the child's schedule times in care as documented on the Child Enrollment Form.



Select "Michigan Forms and Handouts"

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider. (11/2015)

## Schedule Change

Any time there is a long-term (more than two weeks) or permanent schedule change for a child who has a Child Enrollment Form on file with ACD, you must submit a new Child Enrollment Form indicating the new schedule.

## Monthly Claim Checklist

\_\_\_ **Included schedule changes** for children whose schedules have changed long-term (more than two weeks) or permanently.

\_\_\_ **Manual Claimers Only: Wrote messages** on the back of my Child Information Form (CIF) explaining short-term (two weeks or less) schedule changes or children in attendance outside of their "normal" schedule. Example: school days out or sick days.

\_\_\_ **Online Claimers Only: Recorded schedule changes** or children in attendance outside of their "normal" schedule in Minute Menu. Select "School Out" or "Sick" on the correct days.

\_\_\_ **Recorded meal or snack attendance** on the Claim no later than the end of the day on which the meals or snacks were served.

\_\_\_ **Documented components** served at each meal or snack. All components served meet the prescribed USDA nutrition guidelines, unless, due to a medical condition, a child's diet deviates from the prescribed guidelines and a Doctor's Food Substitution Form is on file with ACD.

\_\_\_ **Signed the bottom of EACH page** (if using "bubble" forms). I understand that if all pages are not signed my reimbursement cannot be issued until all pages are signed and certified as accurate.

\_\_\_ **Provided a note** written and signed by the parent/guardian for reimbursement of meals served on these holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

\_\_\_ **Ensured no more than two meals and one snack or two snacks and one meal per child, per day were claimed.**

**Looking for a form or handout on our website? Go to [www.acdkids.org](http://www.acdkids.org) and select "Michigan Forms and Handouts" under the Michigan Tab!**

**Feel free to give us a call if you have any questions or to request a particular form or handout. We are happy to help! (800) 234-3287!**