

# Instructions for Completing the CACFP Reimbursement Paper Claim Form (PI-1489-A)

## - For Adult Day Care Centers

### [The Word Fillable CACFP Reimbursement Paper Claim Form \(PI-1489-A\)](#)

Use this form only as a worksheet and submit the claim information via the internet within 60 calendar days from the end of the claim month. To submit claims online and to access the *CACFP Internet Claims Manual*, go to <http://dpi.wi.gov/community-nutrition/online-services>.

Amended or revised claims must be submitted using the online Claim Summary page. (See page 2)

Only submit this completed paper claim form if it is older than 60 calendar days from the last day of the claim month (which requires a one-time exception approval by DPI), your agency’s online claiming rights have been disabled, or your agency operates a For-Profit site.

❖ For-profit centers must also submit the *Eligibility for Proprietary Centers Form (PI-1485-AD)*.

The chart below provides claiming deadline dates.

Claiming Month	Last Day for Online Submission
January	April 1 (March 31 on leap years)
February	April 29
March	May 30
April	June 29
May	July 30
June	August 29
July	September 29
August	October 30
September	November 29
October	December 30
November	January 29
December	March 1 (February 29 on leap years)

❖ **All sponsoring organizations** (which have more than one site) must provide individual site information on the second page of the claim form. Please note, “Site No.” must be the DPI-assigned site code number.

1. Complete the information in the boxes at the top of the claim on the first page, including the *daytime telephone number* for the person responsible for completing the claim.

2. **Complete Section I. Enrollment Data:**

Boxes 1-4.....Fill in totals of each need category (**Non-needy, Reduced, and Free**) according to the required *Household Size-Income Record*. Any eligible participant without a current, valid income statement on file must be considered non-needy.

**The numbers reported for Non-needy, Reduced, and Free must equal total enrollment for the month.**

❖ **Sponsoring organizations** must report separate enrollment data for each site on page 2 of the form. Transfer your calculated totals from the “Totals” row on the bottom of page 2 to the boxes 1-4 on page

1. If filling in the claim form electronically, the information typed into the “Totals” row will automatically populate into the boxes 1-4 on the first page.

- **If filling in the claim form electronically and your agency has only one site**, type in your center’s enrollment data within the “Totals” row at the bottom of page 2. This information will then automatically populate on the first page within the respective boxes.

3. **Complete Section II. Participation Data** using the applicable column(s):

LINE 5.....Report the total *Number of Sites*. The number of sites reported by sponsoring organizations should equal the number of sites listed on the second page.

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LINE 6.....List the *Number of Days of Service* that the site(s) was open and claiming for meals during the month. For sponsoring organizations, if the sites differed in the total days of service, list the greatest number for the days of service.

LINE 7.....Report *Average Daily Attendance*. Using the [daily attendance records](#), **NOT** meal count sheets, determine the number of eligible participants in attendance for each day the site was open and claiming for meals. Then add up each day's total to get a monthly total. Divide the monthly total by the number of days of service that month to determine *Average Daily Attendance* (round all fractions up to the next whole number).

❖ **Sponsoring organizations** must report a separate average daily attendance for each site on page 2. Transfer the calculated total from the "Totals" row on the bottom of page 2 to line 7 on page 1.

LINE 8.....Report total *Number of Meals Served to Eligible Adult Participants* using meal counts recorded at the time of the meal service.

❖ **Sponsoring organizations** must report separate meal counts for each site on page 2. Transfer the calculated totals from the "Totals" row on the bottom of page 2 to line 8 on page 1. If filling in the claim form electronically, the information typed into the "Totals" row will automatically populate into the line 8 on the first page.

4. **Section III. Certification:** as an assurance that the claim information is accurate, the *Authorized Representative* identified on your agency's *CACFP Contract* must complete, sign, and date the bottom of the form if submitting a paper claim.

### 5. Submitting paper claim forms:

- If your agency or site(s) is For-profit, submit the completed claim form and **the original *Eligibility for Proprietary Centers form (PI-1485-AD)* completed by the applicable social service agency.**  
**Web Link: [Eligibility for Proprietary Centers form \(PI-1485-AD\)](#)**
- **If your agency's online claiming rights have been disabled**, submit the completed claim form, as instructed within DPI's *Disabling of Online Claiming Rights* notification letter sent to you.
- **For late claims**, submit a completed claim form and a completed ***One-Time Exception Corrective Action Plan Form (PI-1410): [One-Time Exception Corrective Action Plan Form \(PI-1410\)](#)***

#### Submit by one of the following methods

**Mail:** Wisconsin Department of Public Instruction or  
Federal Aids and Audit Section  
P.O. Box 7841  
Madison, WI 53707-7841

**Fax:** or **E-mail:**  
608.267.9207 [jacqueline.jordee@dpi.wi.gov](mailto:jacqueline.jordee@dpi.wi.gov)

6. **Claim Amendments: Do not submit a paper claim form for amended or adjusted claims, unless your agency has For-profit sites.**

#### ▪ **Private Nonprofit and Public sites**

After entering a claim for reimbursement, agencies may modify their claim on-line until the time the claim is processed by DPI. Directions for modifying an on-line claim are found in the *CACFP Internet Claim Manual*.

For modifying a claim that has already been processed, print the claim by following directions in the *CACFP Internet Claim Manual* to "View/Print Claim." Draw a line through any item that needs to be changed (e.g., number of meals, average daily attendance) and write in the correct number(s). Sign, date, and fax or e-mail a scanned copy to the fax number or email listed above. [CACFP Internet Claim Manual](#)

#### ▪ **For-Profit sites**

Complete the form in its entirety, filling in the correct data for all boxes. Write "Amended" at the top of the claim form and mail, fax or email it using the information printed in the upper right corner of the form. Make sure to keep a copy for your files.