# Claim Checklist

**Center Name:** ___________________________  **Claim Month & Year:** ________________

Submit **clear copies** of the following documents **in this order.** (NO STAPLES)

Place this Claim Checklist on the top of the packet.

<table>
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<tr>
<th>√</th>
<th>DOCUMENTS</th>
<th>DO I SEND IT?</th>
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| 1 | Pending and expiring Income Eligibility Forms  
  Check MMCX dashboard and send with Claim Packet. Any red boxes indicate an IE Form is needed. | Required for centers (except for ARAS children) |
| 2 | Infant Affidavits and Medical Statements | If applicable |
| 3 | Receipts Journal from MMCX | Always required to submit |
| 4 | Food & supplies receipts in date order of the Receipt Journal  
  Attach proof of payment with all invoices | Always required to submit |
| 5 | Labor documents  
  (Payroll -Proof of Payment, timesheets, time distribution report, etc.)  
  **Employees paid by direct deposit:** Submit bank statements that show the batch transfer for payroll that includes all employees. This is one large amount.  
  **Employees paid by checks:** You will need to send copies of the canceled/cashed check or have statements that clearly identify the staff’s name | Only if you are claiming this cost to CACFP |
| 6 | Rent and utilities documents  
  __ Include Allocation Worksheet  
  __ Proof of Payment | Only if you are claiming this cost to CACFP |
| 8 | Bank Statement for CACFP-only account  
  Important: Sites are required to send in bank statements if funds have been transferred from a CACFP account to any other account(s). | Always required to submit |
| 9 | CAPS/Title XX Statement (Pull report from CAPS named “ACTIVE SCHOLARSHIPS”)  
  “I am a for-profit site with no CAPS activity this month.”  
  SIGNATURE: ___________________________ | Only required for for-profit centers |
| 10 | Sign-In/Out Sheets for Children in official At-Risk Afterschool Program (ARAS)  
  Centers must maintain and store Sign-In/Records onsite for a minimum of four years | Only required for sites with children in ARAS program |
| 11 | CN Labels or Formulation statements  
  Include with claim packet (Keep a copy on site in the CN Label Notebook) | Always required to submit |
| 12 | Other: Please use back of form or attach documentation to list ALL school age children served at AM Snack or Lunch if school was out or child was sick. | If applicable |

All documents for the claim month must arrive (not postmarked) at our Atlanta office no later than the 5th of the month. Late claims will not be accepted.

Mail to: Quality Care for Children, Attn: Nutrition Department, 2751 Buford Highway NE, Suite 500, Atlanta, GA 30324