



# State of New Jersey

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TO: Child and Adult Care Food Program Sponsors

FROM: Tanya D.W. Johnson, Coordinator *Tanya D.W. Johnson*  
Child and Adult Care Food Program

DATE: October 2009

SUBJECT: CHILD AND ADULT CARE FOOD PROGRAM REIMBURSEMENT VOUCHERS

**AFP MEMO #10-3** <sup>5</sup>

**CCFP MEMO #10-3** <sup>5</sup>

**FDC MEMO #10-6**

Enclosed is a supply of Child and Adult Care Food Program vouchers, instructions and envelopes for fiscal year 2010 that begins October 1, 2009. This package includes the following important items:

1. 15 New Reimbursement Vouchers -Please use for the months of **October 2009** thru **September 2010**.
2. 15 Self-Addressed Return Envelopes
3. Instructions for Completing the Reimbursement Voucher

**Please be sure that a copy of this entire package, including the voucher instructions, is forwarded to the person responsible for completing the reimbursement voucher.**

We ask that you review the voucher instructions carefully to reduce errors. If you make a mistake while completing the voucher, erase it and correct the error.

**USE YOUR VOUCHER SUPPLY WITH CARE. ENCLOSED IS A SUPPLY OF 15 PRE-SLUGGED VOUCHERS. IF YOUR VOUCHER IS RETURNED FOR CORRECTIONS, DO NOT USE A NEW FORM. ERASE THE ERROR, MAINTAIN A PHOTOCOPY FOR YOUR FILES, AND RETURN THE VOUCHER IMMEDIATELY TO THIS OFFICE.**

Each voucher is preprinted with the sponsor name and agreement number. The "bubbles" in the agreement number boxes have also been "preslugged;" in other words, completed by the computer. **DO NOT MAKE ANY MARKS IN THE AGREEMENT NUMBER BOXES.** To complete the voucher, use a No. 2 pencil and print the numbers in the boxes and fill in the corresponding bubbles for each section. Sections of the voucher, which do not apply to your program, may be left blank. **Be sure to photocopy both sides of the voucher for your files.**

Instructions on the form demonstrate a "right mark" as opposed to a "wrong mark." The scanner will reject a voucher with bubbles completed incorrectly or completed with anything other than a No. 2 pencil. We strongly recommend that another person review the voucher for accuracy and completeness before submitting to this office.

**REMINDER:** Federal regulations prohibit payment of vouchers received after the required timeframe. All vouchers must be mailed by the 10th of the month following the month covered by the claim for reimbursement. Because vouchers must be submitted within the required timeframe at all times, it is not necessary to wait for your October approval package before submitting vouchers for the new agreement year.

As a sponsoring agency, it is your responsibility to ensure that this office receives reimbursement vouchers in a timely manner. In addition, your agency is required to have a system in place to confirm the amount of funds that are due, compare monthly program cost to reimbursement, and to verify that payment has been received for each month a voucher is submitted.

If you need to submit revised or corrected vouchers, you must ensure that your schedule allows ample time for these additional submissions. Remember, the scanner reads the bubbles and not the numbers written in the boxes. If you neglect to complete the bubbles, the scanner will read this as zero "0", and you may lose valuable reimbursement.

**If your voucher is returned for correction, do not use a new form. Erase the error, maintain a photocopy for your files, and return the voucher immediately or by the requested date.**

**Revised vouchers reflecting an increase in reimbursement cannot be processed after 60 days following the month of the claim unless the underpayment is verified in an administrative review or audit.**

A late voucher or a late revised voucher explanation that "*the voucher was mailed*" is not an acceptable reason for vouchers received after the required timeframe. Therefore, we recommend that you establish a system to calculate the amount of reimbursement due; have another person review the voucher for accuracy and completeness; and send vouchers by certified mail, return receipt requested or include a return letter of confirmation with a stamped, self-addressed envelope, so that you have verification that the voucher was received by this office.

Federal regulations prohibit payment of any vouchers not received within the required timeframe. Also, USDA Food and Nutrition Service regulation 226.6(k)(2)(ix) states: **Denial by the State Agency of reimbursement for a late claim is not subject to appeal.**

If you have questions about completing the voucher or making corrections, call your program specialist at (609) 984-1250.

10-4 VOUCHERMEMO tdwj

AFP Memo #10-3, CCFP Memo #10-3 FDC Memo #10-6

Attachments: FY 10 Reimbursement Vouchers  
Reimbursement Voucher Envelopes  
Reimbursement Voucher Instructions

# CHILD AND ADULT CARE FOOD PROGRAM REIMBURSEMENT VOUCHERS

The following pages are provided as guidance to assist you in completing your Child and Adult Care Food Program voucher.

Because sponsoring agencies are responsible for ensuring that this office receives reimbursement vouchers in a timely manner. We strongly encourage the following practice:

- Have another person review the voucher for accuracy and completeness;
  - Send vouchers by certified mail, return receipt requested,
- or
- Include a return letter of confirmation with a stamped, self-addressed envelope, so that you have verification that this office received the voucher.

Please review these pages before contacting the Child and Adult Care Food Program office.

If you have questions about the completing or correcting a voucher, call your payment specialist for assistance at (609) 984-1266.

The Child and Adult Care Food Program is required to implement USDA's legislative reforms to strengthen program integrity which requires that agencies demonstrate financial viability, organizational accountability, and administrative capability.

In accordance with § 226.6, and the performance standards set forth therein, sponsors must demonstrate that the agency is Financially Viable to operate the Child and Adult Care Food Program (CACFP). Each sponsor is required to operate a non-profit food service so that all reimbursement is used for the maintenance and/or improvement of the food service operation. All centers, including sponsored centers receive a single rate of reimbursement for each meal type that may be applied to both their operating costs and their administrative costs. Because CACFP reimbursement will not cover all costs necessary to operate the food program, agencies must secure additional resources (whether from grants, loans, or transfers of funds from other parts of the organization) or re-allocate resources within your existing budget.

All sponsors must meet requirements by monitoring the established system in place for comparing cost incurred to earned reimbursement on a monthly basis. Federal regulations require that institutions demonstrate compliance with the aforesaid integrity rules, so that agencies are able to identify and ensure resolution of programmatic and fiscal deficiencies and/or discrepancies without delay.

# FAMILY DAY CARE FOOD PROGRAM

## Instructions for completing the Reimbursement Voucher

Data is entered on the reimbursement voucher by filling in the circles or bubbles using a #2 pencil. It is very important that you fill in the bubbles carefully and completely. The vouchers are processed by a scanner that actually reads the "bubbles," not the corresponding numbers entered in the boxes. **If you forget to fill in the bubbles, the scanner will read this as '0', and you may lose valuable reimbursement.**

Do not type on the voucher. If you make a mistake while completing the voucher, erase it clearly and correct the error. If the voucher is torn, wrinkled or damaged in any way, complete a new voucher. Any residue remaining on the form, as well as stray marks or stains, will result in a rejected voucher and will delay payment. If you fill in more than one bubble in a column, the voucher will be REJECTED. All numbers must be right justified; zero-fill bubbles to the left of actual numbers, e.g. 89 = 00089. It is not necessary to complete the boxes for meals not claimed for reimbursement. **Please do not place an X or mark boxes for meals not being claimed.**

The following instructions apply to corresponding item numbers on the voucher.

**IF YOUR VOUCHER IS NOT PROPERLY COMPLETED, THIS MAY DELAY PAYMENT AND JEOPARDIZE REIMBURSEMENT.**

### SIDE ONE

- Item # 1.** Check your agreement number for accuracy.
2. Revised Voucher – check **YES** if you have already submitted a voucher (to be processed) for the same month.
  3. Enter the month covered by this claim.
  4. Enter the calendar year covered by this claim.
  5. Enter the highest number of meal service days for the month. For example, if you have 2 providers – one is operating and providing meals 20 days during this month, and the second provider is operating and providing meals 22 days during this month, report 22 in item #5.
  6. Enter the total of your actual eligible labor costs incurred for the month, which is *based on the allowable budgeted line items (i.e. salaries, fringe benefits, etc.)*.
  7. Enter the total of your actual eligible non-labor costs incurred for the month, which is *based on the allowable budgeted line items (i.e. mileage, office supplies, etc.)*.

Note: You may only report administrative costs (*labor and non-labor*) incurred during the month for which the claim is submitted. All entries should be rounded to the nearest dollar. Do not enter the homes times rates calculation, nor the approved budget amount. For additional information, refer to the FNS Instructions for guidance on labor and non-labor administrative costs.

**Item # 8. thru 11.** Enter the current number of Homes operating during the claim month by category – Tier 1, Tier 2 High, Tier 2 Low, and Tier 2 Mixed. **The Homes that you report as Operating must be approved on the Schedule A.**

**Item # 12. thru 15.** Report the ADA (average daily attendance) for each category of Home - Tier 1, Tier 2 High, Tier 2 Low, Tier 2 Mixed – that you reported in items # 8 thru #11. The formula to calculate **ADA = total monthly attendance divided by the number of meal service days; round up.** You will not be able to claim meals if this data is not completed.

**Failure to report this data may result in a rejected voucher and a delay or loss of reimbursement.**

**SIDE TWO**

## Family Day Care Food Program – Meals Claimed

In items #16 through #33, you will report the number of meals by type and category claimed for reimbursement for the month. **All meals claimed must be supported by Provider meal count records taken at the point of meal service.**

**Remember, the scanner actually reads the “bubbles,” not the corresponding numbers entered in the boxes.** If you forget to fill in the bubbles, the scanner will read this as ‘0’. In the Meals Claimed section, the system will read a blank as “no meals served,” and you will receive **\$0 reimbursement** for this category of meals. **Failure to fill in the bubbles for the number of meals served will not necessarily result in a rejected voucher.**

Enter the total number of meals served to children in the Tier 1, Tier 2 HIGH and Tier 2 LOW categories for this month. Meals served to children in Tier 2 Mixed homes must be claimed based on the child’s eligibility category (Tier 2 high or Tier 2 low).

**Item # 16, 17, 18, 19, 20, 21** Meals served to children in Tier 1 Homes

**Item # 22, 23, 24, 25, 26, 27** Meals served to children in Tier 2 High Homes, or children eligible for Tier 2 high meals in Tier 2 Mixed Homes.

**Item # 28, 29, 30, 31, 32, 33** Meals served to children in Tier 2 Low Homes, or children eligible for Tier 2 low meals in Tier 2 Mixed Homes.

Carefully proofread the voucher. **Have another person review the voucher for completeness and accuracy.** Sign the voucher in ink, and make your copies before mailing the original to our office.

Please use the pre-addressed return envelope provided when mailing your reimbursement voucher to this office. It is suggested that you mail vouchers by certified mail, return receipt requested, so that you have proof of the date of submission.

**We recommend that correct and completed vouchers be submitted to this office no later than the 10<sup>th</sup> day of the month following the month covered by the voucher.**

**ORIGINAL AND REVISED VOUCHERS NOT RECEIVED AND PAYABLE WITHIN 60 DAYS OF THE CLAIMING MONTH WILL NOT BE PROCESSED FOR PAYMENT.**

Any questions concerning these voucher instructions should be referred to Christine Adams, FDC Payment Specialist at (609) 984 -1266.