



**Tennessee Department of Human Services  
Child and Adult Care Food Program  
Monthly Racial and Ethnic Data**

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Agreement Number: \_\_\_\_\_

<b>Ethnic Categories:</b>	
Hispanic or Latino	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Non-Hispanic and Non-Latino	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Racial Categories</b>	
American Indian or Native Alaskan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Asian	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Native Hawaiian or other Pacific Islander	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Black or African American	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
White	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

I certify that the information on this application and the attached Site Information Document(s), is true to the best of my knowledge, that reimbursements will be claimed only for meals served to eligible children at approved food service sites, and that these sites have been visited and have the capability and facilities for the meal service planned for the number of children anticipated to be served and that the organization will directly operate the Program in accordance with 7 CFR 225.14(d)(3). I understand that this information is being given in connection with the receipt of Federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. The program must be made available to all eligible children regardless of race, color, national origin, sex, age or disability. If government sponsor, I certify that the program is directly operated at all sites.

<b>12. Signature of Authorized Representative</b>  _____	<b>13. Title</b>  _____	<b>14. Preparation Date</b>  ____/____/____
All receipts, invoice and other evidence of purchase must be retained and available for future audit for a period of 3 years after the end of the fiscal year to which they pertain.		No further reimbursement shall be paid under the CACFP for the period covered by this claim unless this is completed and filed as required by the Tennessee Department of Human Services and the Federal Regulations at 7 CFR Part 226