



SCHOOL NUTRITION PROGRAMS

Site-based Online Claims Manual

How to enter, modify, and view-print claims for the National School Lunch Program, the School Breakfast Programs, and the Afterschool Snack Programs.

School Nutrition Team

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Wisconsin Department of Public Instruction
Jill K. Underly, PhD, State Superintendent
Madison, Wisconsin

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About Submitting Monthly Child Nutrition Claims

- All claims must be submitted electronically by accessing the Department of Public Instruction (DPI) [Wisconsin Child Nutrition Program Online Services webpage](#).
- A separate claim must be submitted for every month, even if the month consists of only one day of meal service to students.
- Processing of submitted claims occurs each Tuesday morning, unless that day is a holiday, in which case the processing would happen the following day. Payment processing does not occur the last two weeks of June and the last two weeks of December so that DPI's Business Office can do fiscal and year-end closeouts.
- You may only submit one claim for each Child Nutrition Program per processing period. Reimbursement payment is received via electronic deposit through [AIDS Banking](#).

Deadlines

60 Calendar Day Cut-off Deadlines for Submitting Reimbursement Claims

Federal regulations impose a claim submission deadline of 60 calendar days after the last day of the month for which the claim applies. The following chart indicates the deadline date for each monthly claim period.

Claiming Month	Last Day for Submitting in Online Services
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)

If the 60th day falls on a Saturday, Sunday, or federal holiday, the claim is due on the next business day. In this situation, you will be unable to submit the claim online but will need to submit a "[paper claim](#)". Submitting [paper claim](#) instructions are on the SNT [Claiming](#) webpage.

Late Claims

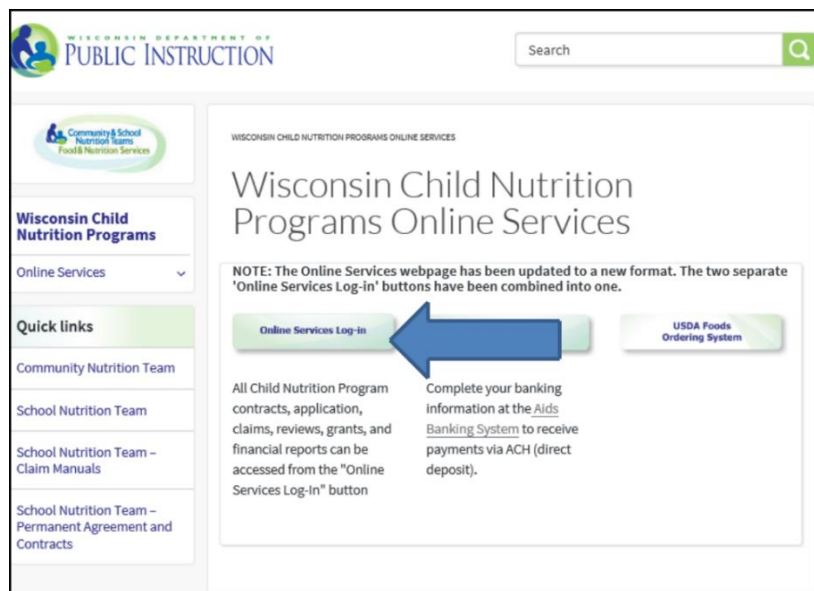
USDA requires the DPI to deny claims submitted more than 60 days after the end of the claiming month, but DPI is allowed to approve one exception per 36-month period for all child nutrition programs, which includes the School Breakfast Program, National School Lunch Program, Afterschool Snack Program, and Special Milk Program. An exception for any of these programs would count as the local education agency's (LEA) or private school's one-time exception for School Meal Programs, and LEAs would be required to submit a [paper claim](#).

Entering the Wisconsin Child Nutrition Programs Online Services

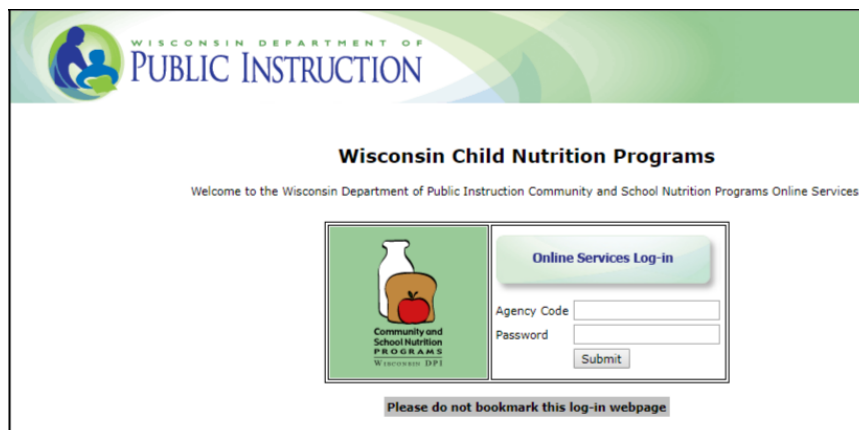
1. Go to the DPI Child Nutrition Programs webpage dpi.wi.gov/nutrition. Click on *Online Services* on the left navigation bar, which will bring you to the Online Services webpage.



2. On the Online Services page dpi.wi.gov/nutrition/online-services, click on *Online Services Log-in* button for submitting claims. Bookmark this page as a favorite!



3. Here you will log in using your agency code and password.



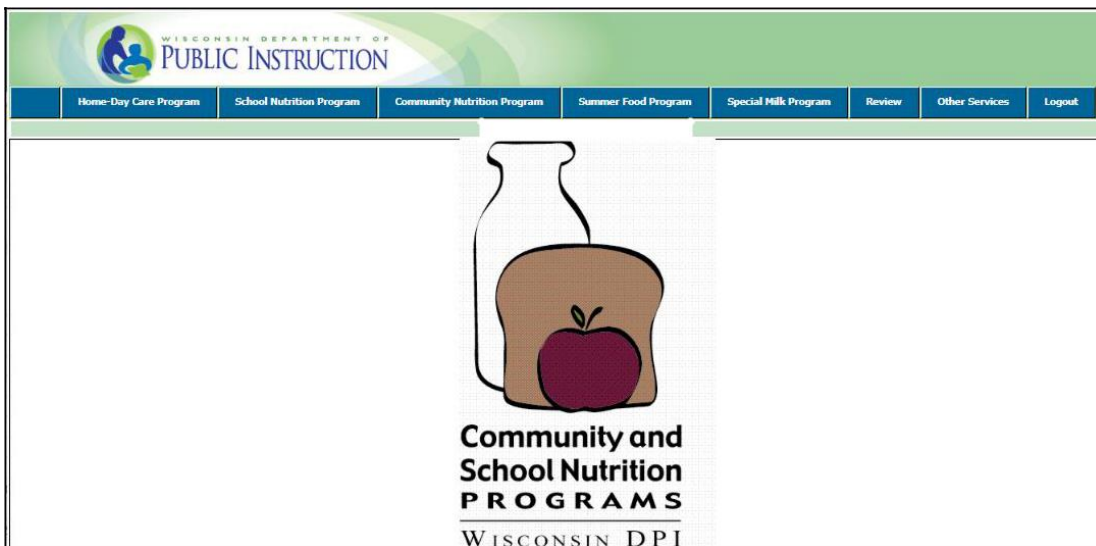
Do not bookmark this webpage. If you wish to bookmark, please go back to Step 2 and bookmark that page.

4. Enter your **agency code**. This is your six-digit agency code/number.
 - a) Do not use hyphens. Use only the numerals in the agency code.
 - b) Do not enter leading zeroes: Example, if your agency code is "012345", enter "12345".
5. Type in your agency-specific **password**.

To retrieve a forgotten password, please contact the Federal and State Grants Program at DPI at 608-267-9134.

6. Click the *Submit* button. (The *Reset* button will clear all data entered in fields so it may be re-entered.)

You are now logged in to Child Nutrition Online Services.



On this screen, the menu bar has the following menu options:

Home-Day Care: For home day care providers only.

School Nutrition Program: For school agencies participating in School Nutrition Programs.

Community Nutrition Program: For agencies participating in the Child and Adult Care Food Program (CACFP).

Summer Food Program: For agencies participating in the Summer Food Service Program (SFSP).

Special Milk Program (SMP): For agencies (school or non-school) participating in the Special Milk Program.

Review: For CACFP users.

Other Services: This button links to the DUNS number entry page for agencies new to the DPI Child Nutrition Programs.

Log Out: This is where you can click, at any page on the website, to log out of your account. Be sure to click Logout every time you exit the online claiming portal.

National School Lunch Program (NSLP)

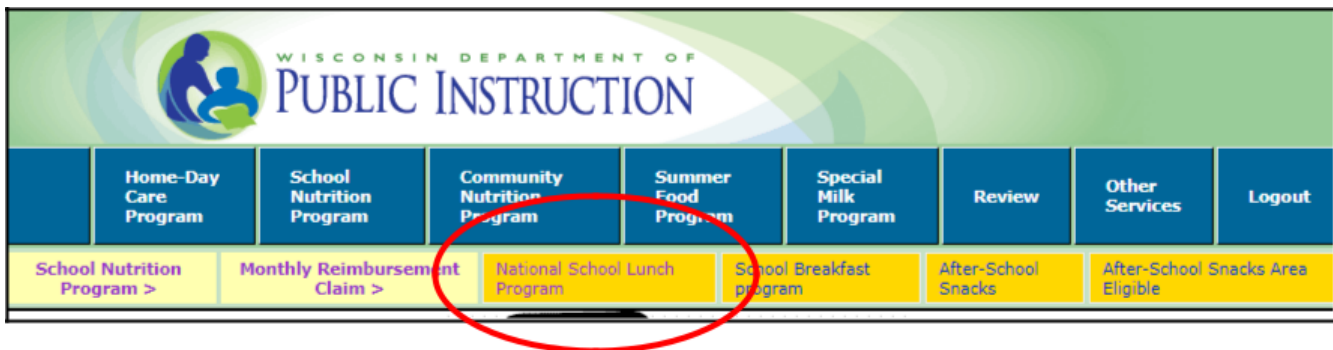
1. Once you have logged into Online Services, select *School Nutrition Program* from the menu bar.



2. Select *Monthly Reimbursement Claim*



3. Select *National School Lunch Program*



4. Select *Enter Claim* to enter a new claim for reimbursement.



5. You are now on the claim screen. First, select the **month** for which you are claiming and the **correct year** from the drop-down boxes.

6. Then, click on "Template File."

**National School Lunch Program (NSLP)
Upload Site(s) Claim Information**

Date Claim Month: April Year: 2017

[Upload Site(s) Claim Information]

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information

Selected File :

UPLOAD

Please download the Template File to enter claim data and upload above.

7. An excel spreadsheet will appear with all sites in your agency listed by school code. (School codes are on Schedule A of your school's on-line contract.)

	A	B	C	D	E	F	G	H	I	J	K
1	Agency Code	School	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Stude
2	540735	20	NSL	04/01/2017	0	0	0	0	0	0	0
3	540735	40	NSL	04/01/2017	0	0	0	0	0	0	0
4	540735	210	NSL	04/01/2017	0	0	0	0	0	0	0
5											

8. **Student Approved Free** - Enter the highest number of students who are approved for free meals during the claiming month at each site, based on approved free and reduced price applications on file and/or through direct certification.

For CEP sites, **Student Approved Free** is calculated by multiplying the site's free claiming percentage by the site's enrollment. **In this example, school code 20 and 210 are CEP sites.**

	A	B	C	D	E	F	G	H	I	J	K
1	Agency Code	School	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Stude
2	540735	20	NSL	04/01/2017	252	0	20	300	285	0	
3	540735	40	NSL	04/01/2017	200	80	20	400	380	3790	
4	540735	210	NSL	04/01/2017	599	0	20	680	646	0	
5											

9. **Student Approved Reduced** - Enter the highest daily number of students who are approved for reduced price meals for each site during the claiming month, based on approved applications on file and/or through direct certification. *Since sites 20 and 210 are CEP sites, site 40 is the only site which has reduced eligible students.*

	A	B	C	D	E	F	G	H	I	J	K
1	Agency Code	School	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Stude
2	540735	20	NSL	04/01/2017	252	0	20	300	285	0	
3	540735	40	NSL	04/01/2017	200	80	20	400	380	3790	
4	540735	210	NSL	04/01/2017	599	0	20	680	646	0	
5											

10. **Days Operating** - Enter the number of days the site served lunches during claiming month. (This number may be different for each site.)

	A	B	C	D	E	F	G	H	I	J	K
1	Agency Code	School	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Stude
2	540735	20	NSL	04/01/2017	252	0	20	300	285	0	
3	540735	40	NSL	04/01/2017	200	80	20	400	380	3790	
4	540735	210	NSL	04/01/2017	599	0	20	680	646	0	
5											

11. **Enrollment** - Enter number of enrolled students who had access to NSLP at each site during the claiming month. "Enrolled" children are formally approved to attend your school. Do not include half-day kindergarten and pre-kindergarten students if they do not have access to the lunch program. "Third Friday" enrollment can be reported, if monthly enrollment is not computed. The number of enrolled students can never be less than Average Daily Attendance.

	A	B	C	D	E	F	G	H	I	J	K
1	Agency Code	School	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Stude
2	540735	20	NSL	04/01/2017	252	0	20	300	285	0	
3	540735	40	NSL	04/01/2017	200	80	20	400	380	3790	
4	540735	210	NSL	04/01/2017	599	0	20	680	646	0	
5											

12. **ADA (average daily attendance)** - Enter the ADA for each site. The ADA calculated for the month cannot exceed the reported enrollment. This figure is entered as a whole number, not a percent, and is the number of students attending school who have access to the lunch program, not the number of students eating a lunch (participation).

	A	B	C	D	E	F	G	H	I	J	K
1	Agency Code	School	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Stude
2	540735	20	NSL	04/01/2017	252	0	20	300	285	0	
3	540735	40	NSL	04/01/2017	200	80	20	400	380	3790	
4	540735	210	NSL	04/01/2017	599	0	20	680	646	0	
5											

13. **Free Student Meals** - Enter the number of lunches served to students approved for free meals at each **NON-CEP** site during the claiming month. *Since site 40 is the only non-CEP site, only the free meals served at that site are entered in this column.*

	A	B	C	D	E	F	G	H	I	J	K
1	Agency Code	School Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	
2	540735	20 NSL	04/01/2017	252	0	20	300	285	0	0	
3	540735	40 NSL	04/01/2017	200	80	20	400	380	3790	0	
4	540735	210 NSL	04/01/2017	599	0	20	680	646	0	0	
5											

14. **Reduced Price Student Meals** - Enter the number of lunches served to students approved for reduced price meals at the site during the claiming month. *Since site 40 is the only non-CEP site, only the reduced meals served at that site are entered in this column.*

D	E	F	G	H	I	J	K	L	M	N
Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals (CEP Sites On	
04/01/2017	252	0	20	300	285	0	0	0	5700	
04/01/2017	200	80	20	400	380	3790	1510	2000	0	
04/01/2017	599	0	20	680	646	0	0	0	12920	

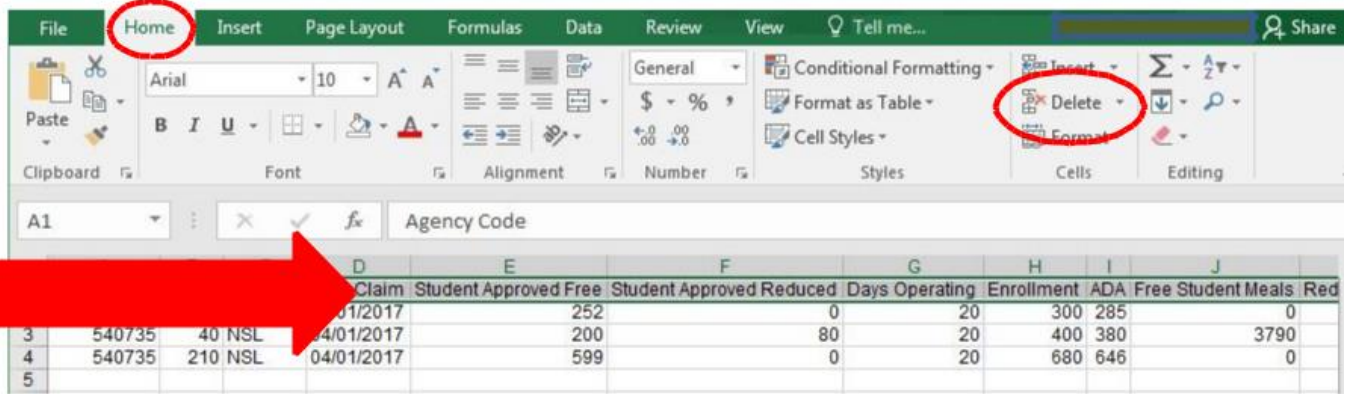
15. **Paid Student Meals** - Enter the number of lunches served to paid students at each **NON-CEP** site during the claiming month. *Since site 40 is the only non-CEP site, only the paid meals served at that site are entered in this column.*

D	E	F	G	H	I	J	K	L	M	N
Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals (CEP Sites On	
04/01/2017	252	0	20	300	285	0	0	0	5700	
04/01/2017	200	80	20	400	380	3790	1510	2000	0	
04/01/2017	599	0	20	680	646	0	0	0	12920	

16. **Total CEP Meals** - Enter the **total** number of lunches served to students at the CEP site. *The free and paid claiming percentages approved in the agency's online contract will auto-calculate the number of free and paid lunches to claim. Since site 40 is the only non-CEP site, this cell is 0 (zero).*

D	E	F	G	H	I	J	K	L	M	N
Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals (CEP Sites On	
04/01/2017	252	0	20	300	285	0	0	0	5700	
04/01/2017	200	80	20	400	380	3790	1510	2000	0	
04/01/2017	599	0	20	680	646	0	0	0	12920	

17. **Delete the top row of headings.** To do this, a) highlight the entire first row, b) click on "Home" on the top menu, c) click on "Delete".



After deleting the headings, the data for the first school moves up to the first row.

	A	B	C	D	E	F	G	H	I	J
1	540735	20 NSL	04/01/2017		252	0	20	300	285	0
2	540735	40 NSL	04/01/2017		200	80	20	400	380	3790
3	540735	210 NSL	04/01/2017		599	0	20	680	646	0
4										
5										



18. "Save" the electronic excel file with deleted headings to your computer and label it with the claim type and month of claim. We strongly recommend you create and name a folder just for all your saved monthly claims .

19. Return to the claim screen (you should still be logged in).
Click on **BROWSE** and choose the file that you just saved to your computer.

20. Click **UPLOAD** to upload the excel file into the online claiming portal.

**National School Lunch Program (NSLP)
Upload Site(s) Claim Information**

Date Claim Month Year

[Upload Site(s) Claim Information]

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information

Selected File : C:\Users\wollidk\Desktop\April NslClaimSiteUploadFile.>

Please download the [Template File](#) to enter claim data and upload above.

21. This page will auto populate based on your excel sheet. Review your numbers. Make sure all of your sites are listed on the claim and no error messages, then click **NEXT**. If there are error messages, refer to the section in this manual on Troubleshooting.

List of uploaded NSL Claim Site(s)

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Approved Site(s)
540735	20	NSL	04/01/2017	252	0	20	300	285	0	0	0	✓
540735	40	NSL	04/01/2017	200	80	20	400	380	3790	1510	2000	✓
540735	210	NSL	04/01/2017	599	0	20	680	646	0	0	0	✓



22. This screen shows the total lunches that you are claiming by category for each site. In this example, CEP sites 20 and 210 have auto-calculated the number of free and paid lunches to claim based on the site's free and paid claiming percentages, pulled from the agency's online contract, multiplied by the total CEP lunches served at that site. There should not be reduced lunches claimed for the CEP sites. Make sure totals are correct and click NEXT.

List of Verified NSL Claim Site(s)

School Code	Student Approved Free	Student Approved Reduced	Days Operating	ADA	Enrollment	Free Student Meals (1)	Reduced Student Meals (2)	Paid Student Meals (3)	CEP Free % (4)	CEP Paid % (5)	Total CEP Meals(6)	Total Student Meals (1+2+3)
20	252	0	20	300	285	4782	0	918	83.9	16.1	5700	5700
40	200	80	20	400	380	3790	1510	2000	0.0	0.0	0	7300
210	599	0	20	680	646	9561	0	3359	74.0	26.0	12920	12920

Note :

- (1) Free Student Meals is calculated based on the percentage for CEP school.
- (2) Reduced Student Meals shown are from the file uploaded.
- (3) Paid Student Meals is calculated based on the percentage for CEP school.
- (4) CEP Free approved Percentage from Contract for CEP school.
- (5) CEP Paid approved Percentage from Contract for CEP school.
- (6) Total CEP meals shown are from the file uploaded.



23. This page will auto-populate. Check all information on the claim, enter CERTIFICATION information (your contact information), and click SUBMIT to submit the claim.

Home [Modify Claim](#)

National School Lunch Program (NSLP) [Participation Monthly Reimbursement Information]

Claim Date:	2017-04-01		
No. Students Approved For Free:	<input type="text" value="1051"/>	*Do NOT use commas while entering numbers.	
No. Students Approved Reduced-Price:	<input type="text" value="80"/>		
No. of Schools/Sites Participating:	<input type="text" value="3"/>	Of these sites, how many are CEP sites?	<input type="text" value="2"/> [Enter Zero, if N/A]
Total No. of Days Operating:	<input type="text" value="20"/>		
Enrollment:	<input type="text" value="1380"/>		
Average Daily Attendance(ADA):	<input type="text" value="1311"/>		
Free Student Meals:	<input type="text" value="18133"/>	Of this total, how many Free meals were served at CEP sites only?	<input type="text" value="14343"/> [Enter Zero, if N/A]
Reduced Student Meals:	<input type="text" value="1510"/>		
Paid Student Meals:	<input type="text" value="6277"/>	Of this total, how many Paid meals were served at CEP sites only?	<input type="text" value="4277"/> [Enter Zero, if N/A]
Total Student Meals:	<input type="text" value="25920"/>		

[CERTIFICATION]

I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.

First Name Last Name
 Phone Number Extension

[BACK](#)
[Submit](#)

View-Print a NSLP Claim

1. Select *View-Print Claim* to view and/or print a claim. A claim may be viewed and/or printed after it has been submitted to DPI. The claim does not have to be processed to be viewed.



2. Select date claim **month** and **year** from the drop-down list boxes and click “**SEARCH**” button. If a claim is found for the given criteria, it will appear in the box below the *Claim Type*. Click the hyperlink to view the submitted claim information.

Home National School Lunch Program View-Print Claim

National School Lunch Program (NSLP)
[View Participation Monthly Reimbursement Information]

strict

Date Claim Month: Year: 

Claim Type	Date Submitted
New (Unpaid)	05/10/2017

3. A list of all of the individual school site's claiming information will appear at the bottom of the claim, so you can do a final check of the submitted information. Because this claim is "New (Unpaid)" which means it has not been processed for payment, it may be modified.

Date Claim: 04/01/2017

Participation Information	Total # of Students/Meals (Include CEP #)	CEP Sites/Meals (Out of Total # of Sites/Meals)	Payment Information	Amount
No. Students Approved For Free:	178		Total Meal Reimbursement (Include *PBR Payment shown below.)	\$4,383.66
No. Students Approved Reduced-Price:	10		Commodity Charges Credited:	\$0.00
No. of Schools/Sites Participating:	3	2	Commodity Charges Recovered:	\$0.00
Total No. of Days Operating:	20		Total Net Payment:	\$4,383.66
Enrollment:	300		Voucher No.:	19773
Average Daily Attendance(ADA):	270		Date Submitted:	05/30/2017
Free Student Meals:	1,181	831	Date Processed:	
Reduced Student Meals:	100		Date Paid:	
Paid Student Meals:	719	219	Claim Status	New (Unpaid)
Total Student Meals:	2,000		PBR Payment:	\$120.00

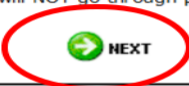
*PBR = Performance Based Reimbursement

List of Verified NSL Claim Site(s)

School Code	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	CEP Free % (4)	CEP Paid % (5)	Total CEP Meals
20	84	0	20	100	95	461	0	89	83.9	16.1	550
40	20	10	20	100	90	350	100	500	0.0	0.0	0
210	74	0	20	100	85	370	0	130	74.0	26.0	500

Modifying a NSL Unpaid Claim

1. Open the saved excel file on your computer that you want to modify and make the changes needed. "Save" the excel file again to your Monthly Claim folder.
2. In Online Services, select *Modify Claim* from the gold menu to modify an **unpaid and unprocessed** NSLP claim for reimbursement.
3. The unpaid submitted claim will appear. To modify the claim, "check the box" in the lower left corner, then click the "Next" button at the bottom.

Claim Date:	<input type="text" value="2017-04-01"/>	[YYYY-MM-DD]
No. Students Approved For Free:	<input type="text" value="178"/>	*Do NOT use commas while entering numbers.
No. Students Approved Reduced-Price:	<input type="text" value="10"/>	
No. of Schools/Sites Participating:	<input type="text" value="3"/>	Of these sites, how many are CEP sites? <input type="text" value="2"/> [Enter Zero, if N/A]
Total No. of Days Operating:	<input type="text" value="20"/>	
Enrollment:	<input type="text" value="300"/>	
Average Daily Attendance(ADA):	<input type="text" value="270"/>	
Free Student Meals:	<input type="text" value="1181"/>	Of this total, how many Free meals were served at CEP sites only? <input type="text" value="831"/> [Enter Zero, if N/A]
Reduced Student Meals:	<input type="text" value="100"/>	
Paid Student Meals:	<input type="text" value="719"/>	Of this total, how many Paid meals were served at CEP sites only? <input type="text" value="219"/> [Enter Zero, if N/A]
Total Student Meals:	<input type="text" value="2000"/>	
[Confirmation]		
<input type="checkbox"/> Check the box to confirm previously submitted claim modification. If you continue then previously submitted claim will be removed from the system. You must complete the site(s) upload and successfully submit the new modified claim to get reimbursement. If modified claim is left incomplete it will NOT go through payment process!		
		

This will remove the previously submitted claim from the system, and the screen will take you to the claim site upload.

4. Upload the excel spreadsheet from your computer with the corrected numbers.


Upload Site(s) Claim Information

Date Claim Month: Year:

[Upload Site(s) Claim Information]

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information

Selected File :



If your claim is in "Paid" status, the claim CANNOT be modified online. You must submit a Claim Adjustment via email to DPI accounting. See "Submitting a Claim Adjustment" in this manual.

School Breakfast (SB) and SB Severe Need Claims

1. Log into Online Services, select *School Nutrition Program* from the menu bar.



2. Select *Monthly Reimbursement Claim*.



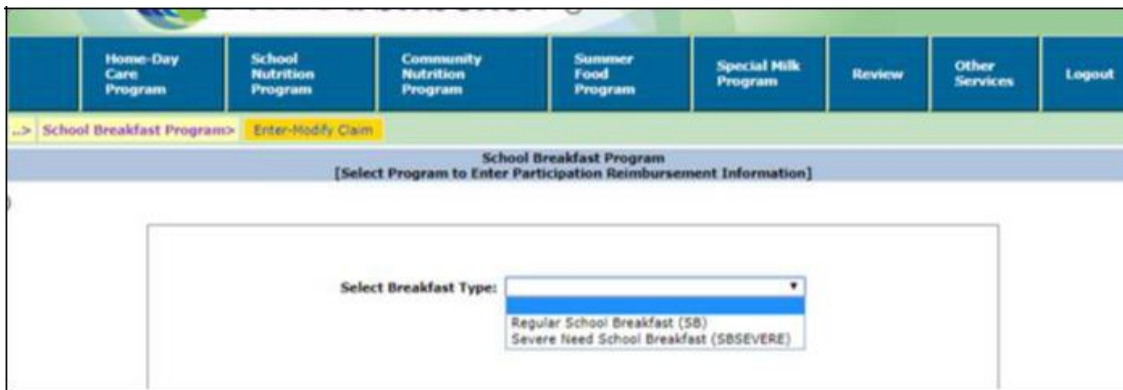
3. Select *School Breakfast Program*.



4. Select *Enter-Modify Claim* to enter a new claim for reimbursement.



5. Select from the drop down box, which type of School Breakfast claim you would like to Enter- Modify, *Regular School Breakfast*, or *Severe Need School Breakfast*. If your agency has schools that are in **Regular School Breakfast** and **Severe Need School Breakfast**, you will need to enter two claims, one for **Regular School Breakfast** and one for **Severe Need Breakfast**.



6. You are now on the claim screen. First, select the **month** for which you are claiming and the **correct year** from the drop-down boxes.

7. Then, click on “**Template File.**”


Breakfast Type: Severe Need School Breakfast (SBSEVERE)

Date Claim Month: **April** Year: **2017**

[Upload Site(s) Claim Information]

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information

Selected File : Browse...

 **UPLOAD**

Please download the **Template File** to enter claim data and upload above.

8. An excel spreadsheet will appear with all sites in your agency that serve severe need breakfast listed by school code. (School codes are on Schedule A of your school’s on-line contract.) **Note:**

Average Daily Attendance (ADA) will be left at 0 since we do not collect ADA data for breakfast claims.

	A	B	C	D	E	F	G	H	I
1	Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA F
2	540735	20	SBSEVERE	04/01/2017	252	0	20	300	0
3	540735	40	SBSEVERE	04/01/2017	200	80	20	400	0
4	540735	210	SBSEVERE	04/01/2017	599	0	20	680	0

9. **Student Approved Free** - Enter the highest number of students who are approved for free meals during the claiming month at each site, based on approved free and reduced price applications on file and/or through direct certification.

For CEP sites, **Student Approved Free** is calculated by multiplying the site’s free claiming percentage by the site’s enrollment. **In this example, school code 20 and 210 are CEP sites.**

	A	B	C	D	E	F	G	H	I	F
1	Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	
2	540735	20	SBSEVERE	04/01/2017	252	0	20	300	0	
3	540735	40	SBSEVERE	04/01/2017	200	80	20	400	0	
4	540735	210	SBSEVERE	04/01/2017	599	0	20	680	0	

10. **Student Approved Reduced** - Enter the highest daily number of students who are approved for reduced price meals for each site during the claiming month, based on approved applications on file and/or through direct certification. *Since sites 20 and 210 are CEP sites, site 40 is the only site which has reduced eligible students.*

	A	B	C	D	E	F	G	H	I	F
1	Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	
2	540735	20	SBSEVERE	04/01/2017	252	0	20	300	0	
3	540735	40	SBSEVERE	04/01/2017	200	80	20	400	0	
4	540735	210	SBSEVERE	04/01/2017	599	0	20	680	0	

11. **Days Operating** - Enter the number of days that each site served breakfasts during the claiming month.

	A	B	C	D	E	F	G	H	I	F
1	Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	
2	540735	20	SBSEVERE	04/01/2017	252	0	20	300	0	
3	540735	40	SBSEVERE	04/01/2017	200	80	20	400	0	
4	540735	210	SBSEVERE	04/01/2017	599	0	20	680	0	

12. **Enrollment** - Enter the number of enrolled students who had access to the Severe Need Breakfast Program at the site during the claiming month. "Enrolled" children are formally approved to attend your school. Do not include half-day kindergarten and pre-kindergarten students if they do not have access to the breakfast program.

	A	B	C	D	E	F	G	H	I	F
1	Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	
2	540735	20	SBSEVERE	04/01/2017	252	0	20	300	0	
3	540735	40	SBSEVERE	04/01/2017	200	80	20	400	0	
4	540735	210	SBSEVERE	04/01/2017	599	0	20	680	0	

ADA (average daily attendance) - Leave this at zero (0) for breakfast claims since we do not collect ADA data for breakfast programs.

13. **Free Student Meals** - Enter the number of severe need breakfasts served to students approved for free meals at each **NON-CEP** site during the claiming month. *Since site 40 is the only non-CEP site, only the free severe need breakfasts served at that site are entered in this column.*

G	H	I	J	K	L	M
Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
20	300	0	0	0	0	5700
20	400	0	3790	1510	2000	0
20	680	0	0	0	0	12920

14. **Reduced Price Student Meals** - Enter number of severe need breakfasts served to students approved for reduced price meals at the site during the claiming month. *Since site 40 is the only non- CEP site, only the reduced severe need breakfasts served at that site are entered in this column.*

G	H	I	J	K	L	M
Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
20	300	0	0	0	0	5700
20	400	0	3790	1510	2000	0
20	680	0	0	0	0	12920

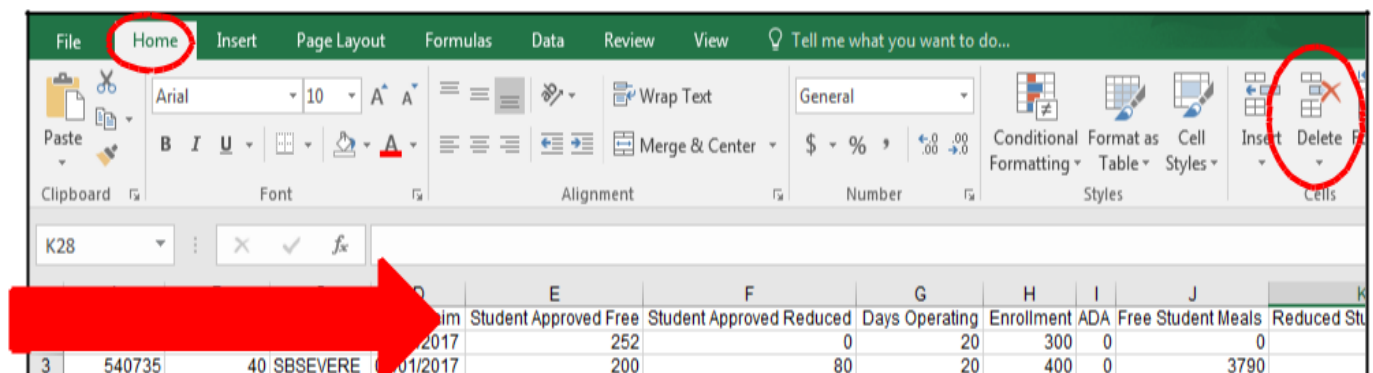
15. **Paid Student Meals** - Enter the number of severe need breakfasts served to paid students at each **NON-CEP** site during the claiming month. *Since site 40 is the only non-CEP site, only the paid severe need breakfasts served at that site are entered in this column.*

G	H	I	J	K	L	M
Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
20	300	0	0	0	0	5700
20	400	0	3790	1510	2000	0
20	680	0	0	0	0	12920

16. **Total CEP Meals** – Enter the **total** number of severe need breakfasts served to students at each CEP site. *The free and paid claiming percentages approved in the agency’s online contract will auto-calculate the number of free and paid breakfasts to claim. Since site 40 is the only non-CEP site, this cell is 0 (zero).*

G	H	I	J	K	L	M
Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
20	300	0	0	0	0	5700
20	400	0	3790	1510	2000	0
20	680	0	0	0	0	12920

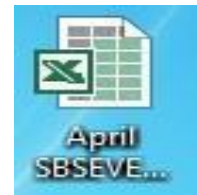
17. **Delete the top row of headings.** To do this, a) highlight the entire first row, b) click on “Home” on the top menu, c) click on “Delete”.



After deleting the headings, the data for the first school moves up to the first row.

	A	B	C	D	E	F	G	H	I	J
1	540735	20	SBSEVERE	04/01/2017	252	0	20	300	0	0
2	540735	40	SBSEVERE	04/01/2017	200	80	20	400	0	3790
3	540735	210	SBSEVERE	04/01/2017	599	0	20	680	0	0

18. "Save" the electronic excel file with deleted headings to your computer and label it with the claim type and month of claim. We strongly recommend you create and name a folder just for all your saved monthly claims.



19. Return to the claim screen (you should still be logged in).

Click on **BROWSE** and choose the file that you just saved to your computer.

20. Click **UPLOAD** to upload the excel file into the online claiming portal.

**School Breakfast Program (SBP)
Upload Site(s) Claim Information**

Breakfast Type: Severe Need School Breakfast (SBSEVERE)

Date Claim Month Year

[Upload Site(s) Claim Information]

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information

Selected File :

Please download the [Template File](#) to enter claim data and upload above.

This page will auto populate based on your excel sheet. Review your numbers. Make sure all sites are listed on the claim and there are no error messages, then click **NEXT**. If there are error message refer to the section in this manual on Troubleshooting.

Breakfast Type: Severe Need School Breakfast (SBSEVERE)

List of uploaded Claim Site(s)



Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	Free Student Meals	Reduced Student Meals	Paid Student Meals	Approved Site(s)
540735	20	SBSEVERE	04/01/2017	84	0	20	100	0	0	0	✓
540735	40	SBSEVERE	04/01/2017	20	10	20	100	350	100	500	✓
540735	210	SBSEVERE	04/01/2017	74	0	20	100	0	0	0	✓

22. This screen shows total severe need breakfasts that you are claiming by category for each site. In this example, CEP sites 20 and 210 have auto-calculated the number of free and paid severe need breakfasts to claim based on the site's free and paid claiming percentages multiplied by the total CEP breakfasts served at that site. There should not be reduced severe need breakfasts claimed for the CEP sites. Make sure totals are correct and click NEXT.



Breakfast Type: Severe Need School Breakfast (SBSEVERE)

Date Claim :04/01/2017
List of Verified Claim Site(s)

School Code	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	Free Student Meals (1)	Reduced Student Meals (2)	Paid Student Meals (3)	CEP Free % (4)	CEP Paid % (5)	Total CEP Meals (6)	Total Student Meals (1+2+3)
20	84	0	20	100	461	0	89	83.9	16.1	550	550
40	20	10	20	100	350	100	500	0.0	0.0	0	950
210	74	0	20	100	370	0	130	74.0	26.0	500	500

23. This page will auto-populate. Check the information on the claim, enter CERTIFICATION information (your contact information), and click **SUBMIT** to submit claim.

Breakfast Type:	Severe Need School Breakfast (SBSEVERE)		
Claim Date:	<input type="text" value="2017-04-01"/>	[YYYY-MM-DD] *Claim Cannot be more than 60 days old	
No. Students Approved For Free:	<input type="text" value="178"/>	*Do NOT use commas while entering numbers.	
No. Students Approved Reduced-Price:	<input type="text" value="10"/>		
No. of Schools/Sites Participating:	<input type="text" value="3"/>	Of these sites, how many are CEP sites?	<input type="text" value="2"/> [Enter Zero, if N/A]
Total No. of Days Operating:	<input type="text" value="20"/>		
Enrollment:	<input type="text" value="300"/>		
Free Student Meals:	<input type="text" value="1181"/>	Of this total, how many Free meals were served at CEP sites only?	<input type="text" value="831"/> [Enter Zero, if N/A]
Reduced Student Meals:	<input type="text" value="100"/>		
Paid Student Meals:	<input type="text" value="719"/>	Of this total, how many Paid meals were served at CEP sites only?	<input type="text" value="219"/> [Enter Zero, if N/A]
Total Student Meals:	<input type="text" value="2000"/>		
[CERTIFICATION]			
<p>I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.</p>			
First Name	<input type="text"/>	Last Name	<input type="text"/>
Phone Number	<input type="text"/>	Extension	<input type="text"/>
			

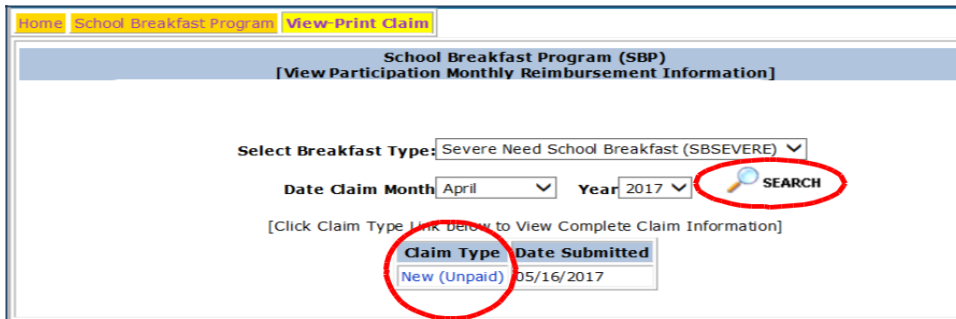
View-Print a SB Program Claim

1. Select *View-Print Claim* to view and/or print a claim. A claim may be viewed and/or printed after it has been submitted to DPI. The claim does not have to be processed to be viewed.



2. Select the Breakfast type (Regular School Breakfast or Severe Need School Breakfast) from the drop down box and click *Continue*.

3. Select the date claim **month** and **year** from the drop-down list boxes and click the **“SEARCH”** button. If a claim is found for the given criteria, it will appear in the box below the *Claim Type*. Click the hyperlink to view the full claim information.



4. A list of all individual school site’s claiming information will appear at the bottom of the claim, so you can do a final check of the submitted information. Because this claim is “New (Unpaid)” it has not been processed for payment, it may be modified.

Date Claim: 04/01/2017
Breakfast Type: Severe Need School Breakfast (SBSEVERE)

Participation Information	# of Students/Meals (Include CEP #)	CEP Sites/Meals (Out of Total # of Sites/Meals)	Payment Information	Amount
No. Students Approved For Free:	178		Total Meal Reimbursement	\$2,791.75
No. Students Approved Reduced-Price:	10		Voucher No.:	19773
No. of Schools/Sites Participating:	3	2	Date Submitted:	05/31/2017
Total No. of Days Operating:	20		Date Processed:	
Enrollment:	300		Date Paid:	
Free Student Meals:	1,181	831	Claim Status	New (Unpaid)
Reduced Student Meals:	100			
Paid Student Meals:	719	219		
Total Student Meals:	2,000			

List of Verified Claim Site(s)

School Code	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	Free Student Meals	Paid Student Meals	Reduced Student Meals	CEP Free % (4)	CEP Paid % (5)	Total CEP Meals
20	84	0	20	100	461	89	0	83.9	16.1	550
40	20	10	20	100	350	500	100	0.0	0.0	0
210	74	0	20	100	370	130	0	74.0	26.0	500


Modifying a SB/Severe Need SB Unpaid Claim

1. Open the saved excel file on your computer that you want to modify and make the changes needed. “Save” the excel file again to your Monthly Claim folder.
2. In Online Services, select *Enter-Modify Claim* from the gold menu to modify an **unpaid and unprocessed** claim for breakfast reimbursement, and select the breakfast type for which you are claiming from the drop-down box, then click continue.

Home School Breakfast Program Enter-Modify Claim

School Breakfast Program
[Select Program to Enter Participation Reimbursement Information]

Select Breakfast Type: Severe Need School Breakfast (SBSEVERE) ▼



3. The unpaid submitted claim will appear. To modify the claim, “check the box” in the lower left corner, then click the “Next” button at the bottom.


Home Enter-Modify Claim

School Breakfast Program (SBP)
[Participation Monthly Reimbursement Information]

Breakfast Type:	Severe Need School Breakfast (SBSEVERE)		
Claim Date:	2017-04-01	[YYYY-MM-DD] *Claim Cannot be more than 60 days old	
No. Students Approved For Free:	178	*Do NOT use commas while entering numbers.	
No. Students Approved Reduced-Price:	10		
No. of Schools/Sites Participating:	3	Of these sites, how many are CEP sites?	2 [Enter Zero, if N/A]
Total No. of Days Operating:	20		
Enrollment:	300		
Free Student Meals:	1181	Of this total, how many Free meals were served at CEP sites only?	831 [Enter Zero, if N/A]
Reduced Student Meals:	100		
Paid Student Meals:	719	Of this total, how many Paid meals were served at CEP sites only?	219 [Enter Zero, if N/A]
Total Student Meals:	2000		

[Confirmation]

Check the box to confirm previously submitted claim modification. If you continue then previously submitted claim will be removed from the system. You must complete the site(s) upload and successfully submit the new modified claim to get reimbursement. If modified claim is left incomplete it will NOT go through payment process!



This will remove the previously submitted claim from the system, and the screen will take you to the claim site upload.

4. Upload the excel spreadsheet from your computer with the corrected numbers.

School Breakfast Program (SBP)
Upload Site(s) Claim Information


Breakfast Type: Severe Need School Breakfast (SBSEVERE)

Date Claim Month: April ▼ Year: 2017 ▼

[Upload Site(s) Claim Information]

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information

Selected File : Browse...



Please download the [Template File](#) to enter claim data and upload above.

If your claim is in “Paid” status, the claim CANNOT be modified online. You must submit a Claim Adjustment via email to DPI accounting. See “Submitting a Claim Adjustment” in this manual.

Afterschool Snack Program

The “Snacks (SK NSL)” is for sites that are not “area eligible” and snacks are claimed for reimbursement based on individual student eligibility.

The “Snacks-Area Eligible (SK- NSLAE)” is for sites that are “area eligible”, and all snacks are claimed for free reimbursement regardless of each individual participant’s eligibility for free or reduced price meals.

An Afterschool Snack Program site qualifies as area eligible, if 50 percent or more of its enrollment are eligible for free or reduced price meals or if it is located in the attendance area of a school which has at least 50 percent of its enrollment eligible for free or reduced price meals.

CEP sites are area eligible if the *individual* site Identified Student Percentage (ISP) X **1.6** is equal to or greater than 50 percent. Thus, a CEP school is area eligible if a school’s individual ISP is at least 31.50 percent (e.g., individual school ISP of 31.50% x 1.6 = 50.4%), or the school is located in the attendance area of another school that is area eligible.

If a CEP school **does not** qualify as area eligible (e.g., individual school ISP of 30.000% x 1.6 = 48.0%), they use the same **group** claiming percentage (free and paid) that they use to claim meals under the NSLP and SBP. They would not have individual meal eligibilities to claim. If you have some school snack sites that are area eligible and some that are not, the school must file two separate claims, entering participation information on the appropriate screen.

Entering an Afterschool Snack Program Claim (not area eligible)

1. Log into Online Services, select *School Nutrition Program* from the menu bar. Then select *Monthly Reimbursement Claim*.



2. Select **Afterschool Snacks** - *If your agency has schools that are in Afterschool Snacks and Afterschool Snacks Area Eligible, you will need to enter two claims, one for Afterschool Snacks and one for Area Eligible Afterschool Snacks. First, we will submit a regular Afterschool Snack claim.*

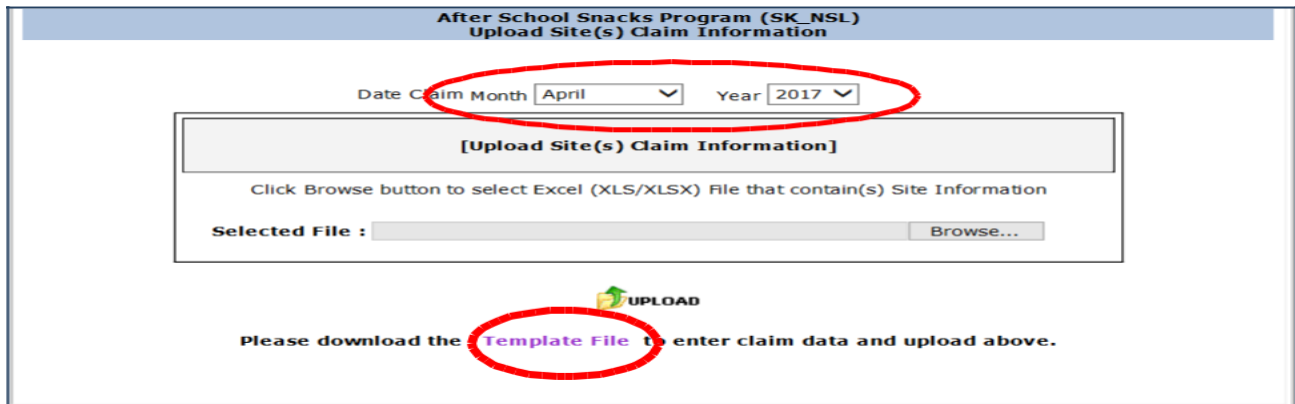


3. Select *Enter-Modify Claim* to enter a new claim for reimbursement.



You are now on the claim screen. First select the **month** for which you are claiming and the **correct year** from the drop-down boxes.

Then click on “**Template File.**”



4. An excel spreadsheet will appear with all Afterschool Snack sites (not area eligible) in your agency listed by school code.

Note: Enrollment and Total CEP Meals are “0” as we do not collect this information for Afterschool Snack claims.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
206216	160	SK_NSL	04/01/2017	0	0	0	0	0	0	0	0	0
206216	110	SK_NSL	04/01/2017	0	0	0	0	0	0	0	0	0

5. **Student Approved Free** - Enter the highest number of students who are **approved for free** meals during the claiming month at each site, based on approved free and reduced price applications on file and/or through direct certification.

For CEP sites (not area eligible), **Student Approved Free** is calculated by multiplying the site’s free claiming percentage by the site’s enrollment.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
206216	160	SK_NSL	04/01/2017	50	10	18	0	100	500	100	400	0
206216	110	SK_NSL	04/01/2017	25	5	18	0	50	250	50	200	0

6. **Student Approved Reduced** - Enter the highest daily number of students who are approved for reduced price meals for each site during the claiming month, based on approved applications on file. (CEP sites do not have reduced eligible students.)

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
206216	160	SK_NSL	04/01/2017	50	10	18	0	100	500	100	400	0
206216	110	SK_NSL	04/01/2017	25	5	18	0	50	250	50	200	0

7. Days Operating - Enter the number of days the site served snacks during claiming month. This may be different for each site.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
206216	160	SK_NSL	04/01/2017	50	10	18	0	100	500	100	400	0
206216	110	SK_NSL	04/01/2017	25	5	18	0	50	250	50	200	0

11. ADA (average daily attendance) - Enter the average daily attendance (ADA) for afterschool snack for the claiming month at the school. These boxes are for the number of students attending the afterschool snack enrichment activities, **not** the number of students eating snacks. The ADA may be different at each site.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
206216	160	SK_NSL	04/01/2017	50	10	18	0	100	500	100	400	0
206216	110	SK_NSL	04/01/2017	25	5	18	0	50	250	50	200	0

12. Free Student Meals - Enter the number of afterschool snacks served to students approved for free meals at the site during the claiming month. **This is for CEP and Non-CEP schools.** Notice that Total CEP Meals in column M is "0" for all schools.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
206216	160	SK_NSL	04/01/2017	50	10	18	0	100	500	100	400	0
206216	110	SK_NSL	04/01/2017	25	5	18	0	50	250	50	200	0

13. Reduced Price Student Meals - Enter the number of afterschool snacks served to students approved for reduced price meals at the site during the claiming month.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
206216	160	SK_NSL	04/01/2017	50	10	18	0	100	500	100	400	0
206216	110	SK_NSL	04/01/2017	25	5	18	0	50	250	50	200	0

14. Paid Student Meals - Enter the number of afterschool snacks served to paid students at the site during the claiming month. Notice that for Snack Claims, the Total CEP Meals is at "0" for all schools.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
206216	160	SK_NSL	04/01/2017	50	10	18	0	100	500	100	400	0
206216	110	SK_NSL	04/01/2017	25	5	18	0	50	250	50	200	0

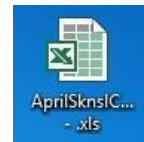
15. **Delete the top row of headings.** To do this, a) highlight the entire first row, b) click on “Home” on the top menu, c) click on “Delete”.



206216	160	SK_NSL	04/01/2017	50	10	18	0	100	500	100	400	0
206216	110	SK_NSL	04/01/2017	25	5	18	0	50	250	50	200	0

Please note that after deleting the headings, the data for the first school moves up to the first row.

16. “Save” the electronic excel file with deleted headings to your computer and label it with the claim type and month of claim. We strongly recommend you create and name a folder just for all your saved monthly claims.



17. Return to the claim screen (you should still be logged in.). Click on **BROWSE** and choose the file that you just saved to your computer.

18. Click **UPLOAD** to upload the excel file into the online claiming portal.

After School Snacks Program (SK_NSL)
Upload Site(s) Claim Information

Date Claim Month Year

[Upload Site(s) Claim Information]

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information

Selected File : C:\Users\wollidk\Desktop\AprilSknsnC\ClaimSiteUploadFile\ Browse...

UPLOAD

Please download the [Template File](#) to enter claim data and upload above.

19. This page will auto populate based on your excel sheet. Review your numbers. Make sure all of your non-area eligible sites are listed on the claim and no error messages, then click **NEXT**. If there are error message refer to the section in this manual on Troubleshooting.

After School Snacks Program (SK_NSL)
Uploaded Site(s) Claim Information

List of uploaded Claim Site(s)

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Approved Site(s)
206216	160	SK_NSL	04/01/2017	50	10	18	100	500	100	400	✓
206216	110	SK_NSL	04/01/2017	25	5	18	50	250	50	200	✓



BACK
 NEXT

20. This screen shows the total afterschool snacks that you are claiming by category for each site.

After School Snacks Program (SK_NSL) Verified Site(s) Claim Information								
Date Claim :04/01/2017 List of Verified Claim Site(s)								
School Code	Student Approved Free	Student Approved Reduced	Days Operating	ADA	Free Student Meals (1)	Reduced Student Meals (2)	Paid Student Meals (3)	Total Student Meals (1+2+3)
110	25	5	18	50	250	50	200	500
160	50	10	18	100	500	100	400	1000

Note :

(1) Free Student Meals is calculated based on the percentage for CEP school.
 (2) Reduced Student Meals shown are from the file uploaded.
 (3) Paid Student Meals is calculated based on the percentage for CEP school.
 (4) CEP Free approved Percentage from Contract for CEP school.
 (5) CEP Paid approved Percentage from Contract for CEP school.
 (6) Total CEP meals shown are from the file uploaded.

21. This page will auto-populate. Check the claim information, enter CERTIFICATION information (your contact information), and click **SUBMIT** to submit the claim.

Home [Enter-Modify Claim](#)


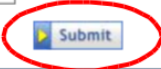
After School Snacks Program (SK_NSL) [Participation Monthly Reimbursement Information]		
Claim Date:	<input type="text" value="2017-04-01"/>	[YYYY-MM-DD] *Claim Cannot be more than 60 days old
No. Students Approved For Free:	<input type="text" value="75"/>	*Do NOT use commas while entering numbers.
No. Students Approved Reduced-Price:	<input type="text" value="15"/>	
No. of Schools/Sites Participating:	<input type="text" value="2"/>	
Total No. of Days Operating:	<input type="text" value="18"/>	
Average Daily Attendance(ADA):	<input type="text" value="150"/>	
Free Student Meals:	<input type="text" value="750"/>	
Reduced Student Meals:	<input type="text" value="150"/>	
Paid Student Meals:	<input type="text" value="600"/>	
Total Student Meals:	<input type="text" value="1500"/>	

[CERTIFICATION]

I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.

First Name Last Name

Phone Number Extension


View-Print an Afterschool Snack Program Claim

1. Select *View-Print Claim* to view and/or print a claim. A claim may be viewed and/or printed after it has been submitted to DPI. The claim does not have to be processed to be viewed.

	Home-Day Care Program	School Nutrition Program	Community Nutrition Program	Summer Food Program	Special Milk Program	Review	Other Services	Logout
> After-School Snacks>	Enter-Modify Claim	View-Print Claim						

2. Select date claim **month** and **year** from the drop-down list boxes and click “**SEARCH**” button. If a claim is found for the given criteria, it will appear in the box below the *Claim Type*. Click the hyperlink to view the full claim information.


After School Program (SK_NSL)
[View Participation Monthly Reimbursement Information]

Date Claim Month Year 

[Click Claim Type Link below to View Complete Claim Information]

Claim Type	Date Submitted
New (Unpaid)	06/12/2017

3. A list of all of the individual school site’s claiming information will appear at the bottom of the claim, so you can do a final check of the submitted information. Because this claim is “New (Unpaid)” which means it has not been processed for payment, it may be modified.

After School Snack Program (SK_NSL)							
[View-Participation Monthly Reimbursement Information]							
Participation Information	# of Students/Meals	Payment Information	Amount				
No. Students Approved For Free:	75	Total Meal Reimbursement	\$751.50				
No. Students Approved Reduced-Price:	15	Voucher No.:	19773				
No. of Schools/Sites Participating:	2	Date Submitted:	06/12/2017				
Total No. of Days Operating:	18	Date Processed:					
Average Daily Attendance(ADA):	150	Date Paid:					
Free Student Meals:	750	Claim Status	New (Unpaid)				
Reduced Student Meals:	150						
Paid Student Meals:	600						
Total Student Meals:	1,500						
List of Verified Claim Site(s)							
School Code	Student Approved Free	Student Approved Reduced	Days Operating	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals
110	25	5	18	50	250	50	200
160	50	10	18	100	500	100	400
[CERTIFICATION]							
<p>I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.</p> <p>Preparer Name and Telephone No.: Deb Wollin (608) 267-3724</p> <p style="text-align: center;"></p>							

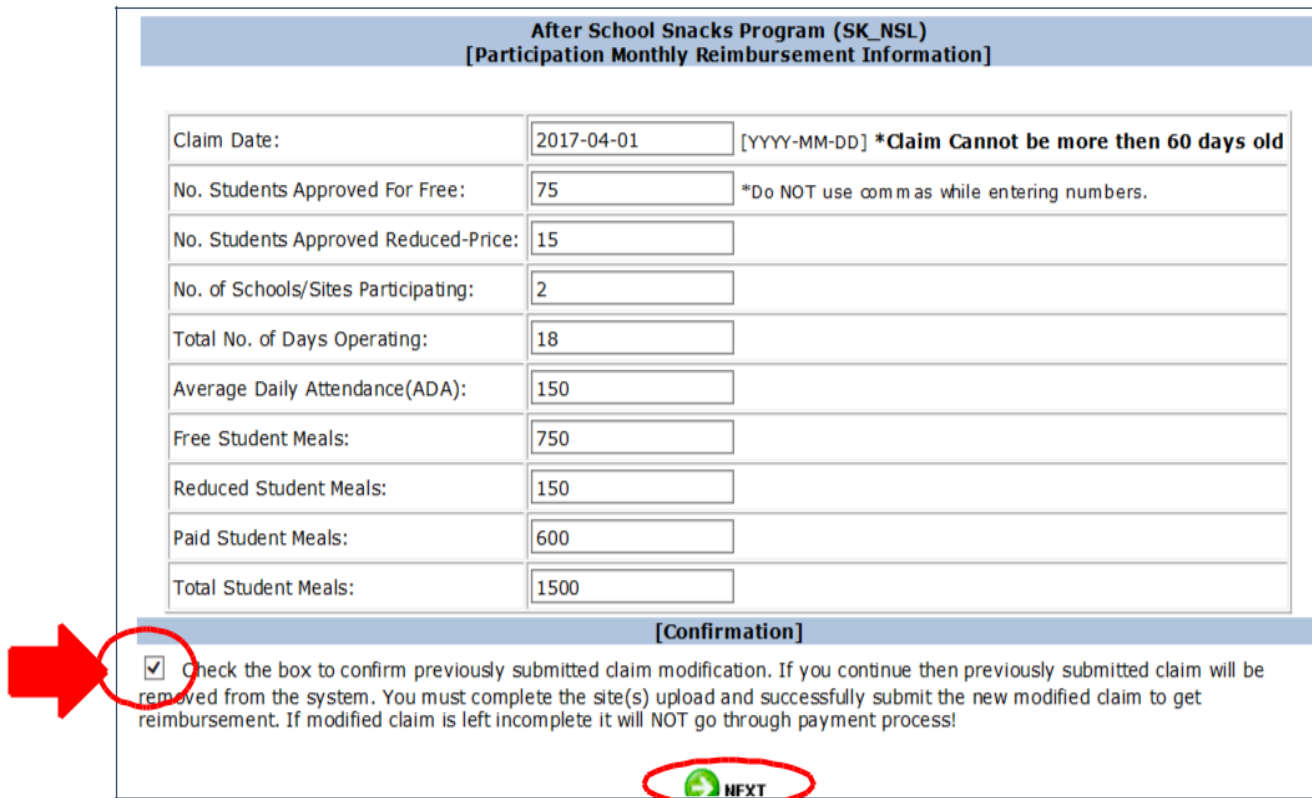
Modifying an Afterschool Snack *Unprocessed* Claim

1. Open the saved excel file on your computer that you want to modify and make the changes needed. "Save" the excel file again to your Monthly Claim folder.
2. In Online Services, select *Modify Claim* from the menu to modify an **unpaid and unprocessed** Afterschool Snack claim for reimbursement.



3. The unpaid submitted claim will appear. If you wish to modify the claim, "check the box" in the lower left corner, then click the **NEXT** button at the bottom.

This will remove the previously submitted claim will be removed from the system, and it will take you back to the claim site upload.



A screenshot of a web form titled "After School Snacks Program (SK_NSL) [Participation Monthly Reimbursement Information]". The form contains several input fields with the following values: Claim Date: 2017-04-01; No. Students Approved For Free: 75; No. Students Approved Reduced-Price: 15; No. of Schools/Sites Participating: 2; Total No. of Days Operating: 18; Average Daily Attendance(ADA): 150; Free Student Meals: 750; Reduced Student Meals: 150; Paid Student Meals: 600; Total Student Meals: 1500. Below the form is a blue bar with the text "[Confirmation]". Underneath this bar is a checkbox that is checked, with a red arrow pointing to it. The text next to the checkbox reads: "Check the box to confirm previously submitted claim modification. If you continue then previously submitted claim will be removed from the system. You must complete the site(s) upload and successfully submit the new modified claim to get reimbursement. If modified claim is left incomplete it will NOT go through payment process!". At the bottom center of the form is a green circular button with a white arrow and the word "NEXT" in white text, which is circled in red.

4. Upload the excel spreadsheet from your computer with the corrected numbers.


**After School Snacks Program (SK_NSL)
Upload Site(s) Claim Information**

Date Claim Month Year

[Upload Site(s) Claim Information]

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information

Selected File :

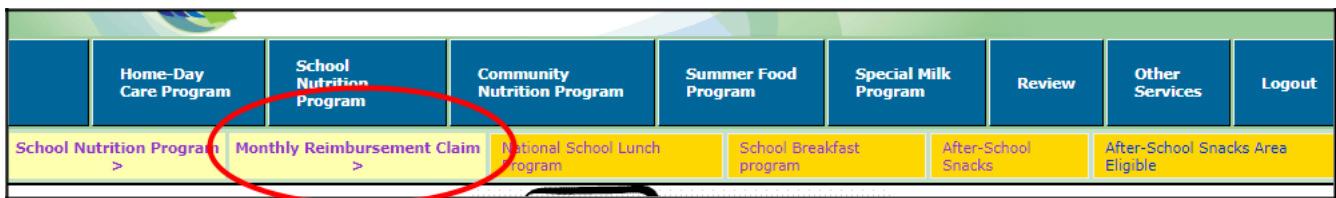
 **UPLOAD**

Please download the [Template File](#) to enter claim data and upload above.

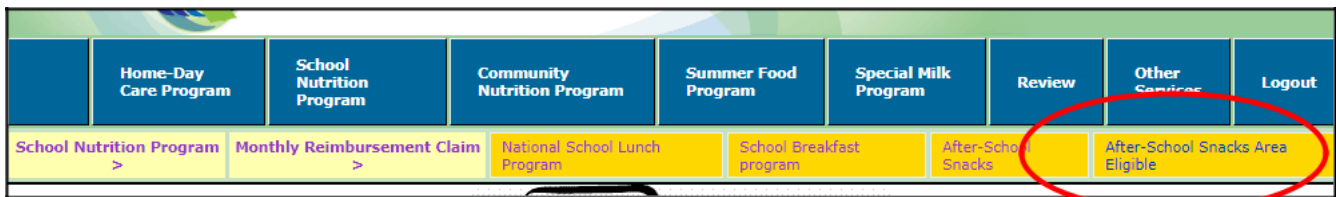
If your claim is in “Paid” status, the claim CANNOT be modified online. You must submit a Claim Adjustment via email to DPI accounting. See “Submitting a Claim Adjustment” in this manual.

Entering an Area Eligible Afterschool Snack Program Claim

1. Log into Online Services, select *School Nutrition Program* from the menu bar. Then select *Monthly Reimbursement Claim*.



2. Select **Afterschool Snacks Area Eligible** - *If your agency has schools that are in Afterschool Snacks and Afterschool Snacks Area Eligible, you will need to enter two claims, one for Afterschool Snacks and one for Area Eligible Afterschool Snacks.*



3. Select *Enter-Modify Claim* to enter a new claim for reimbursement.



4. Select the month for which you are **claiming** and the **correct year** from the drop-down box. Then click on “**Template File**.”


**After School Snacks Program Area Eligible Program (SK_NSLAE)
Upload Site(s) Claim Information**

Date Claim Month May Year 2017

[Upload Site(s) Claim Information]

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information

Selected File : Browse...

 **UPLOAD**
 Please download the Template File to enter claim data and upload above.

5. An excel spreadsheet will appear with all Afterschool Snack Area Eligible sites in your agency listed by school code. (School codes are on Schedule A of your school's on-line contract.) Student Approved Free, Student Approved Reduced, Enrollment, Reduced Student Meals, Paid Student Meals, and Total CEP Meals are "0", as we do not collect this information for Afterschool Snack Area Eligible claims because all meals served are free at area eligible sites.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
564753	160	SK_NSLAE	05/01/2017	0	0	0	0	0	0	0	0	0

6. **Days Operating** - Enter number of days the site served snacks during claiming month. This may be different for each site.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
564753	160	SK_NSLAE	05/01/2017	0	0	20	45	900	0	0	0	0

7. **ADA (average daily attendance)** - Enter the average daily attendance (ADA) for afterschool snack for the claiming month at the school. These boxes are for the number of students **attending** the *afterschool snack enrichment activities*, **not** the number of students eating snacks. The ADA may be different at each site.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
564753	160	SK_NSLAE	05/01/2017	0	0	20	45	900	0	0	0	0

8. **Free Student Meals** - Enter the number of afterschool snacks area eligible served to students approved for free meals at the site during the claiming month. (This will be all of the snacks served at this site as all snacks served at area eligible sites are free.) **This is for CEP and Non-CEP schools.** Notice that for Snack Claims, the Total CEP Meals is at "0" for all schools.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
564753	160	SK_NSLAE	05/01/2017	0	0	20	45	900	0	0	0	0

9. **Delete the top row of headings.** To do this, a) highlight the entire first row, b) click on “Home” on the top menu, c) click on “Delete”.



564753	160	SK_NSLAE	05/01/2017	0	0	20	0	45	900	0	0	0
--------	-----	----------	------------	---	---	----	---	----	-----	---	---	---

10. “Save” the electronic excel file with deleted headings to your computer and label it with the claim type and month of claim. We strongly recommend you create and name a folder just for all your saved monthly claims.



11. Return to the claim screen (you should still be logged in). Click on **BROWSE** and choose the file that you just saved to your computer. Click **UPLOAD** to upload the excel file into the on-line claiming portal.

**After School Snacks Program Area Eligible Program (SK_NSLAE)
Upload Site(s) Claim Information**

Date Claim Month Year

[Upload Site(s) Claim Information]

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information

Selected File : C:\Users\wollidk\Desktop\May of SknslaeClaimSiteUplo

Please download the [Template File](#) to enter claim data and upload above.

12. Make sure all of your afterschool snack area eligible sites are listed on the claim and no error messages, then click **NEXT**.

**After School Snacks Program (SK_NSL)
Uploaded Site(s) Claim Information**

List of uploaded Claim Site(s)

Agency Code	School Code	Program	Date Claim	Days Operating	ADA	Free Student Meals	Approved Site(s)
564753	160	SK_NSLAE	05/01/2017	20	45	900	✓

13. This screen shows the total afterschool snacks area eligible that you are claiming for each site.

After School Snacks Program (SK_NSL) Verified Site(s) Claim Information			
Date Claim :05/01/2017 List of Verified Claim Site(s)			
School Code	Days Operating	ADA	Free Student Meals (1)
160	20	45	900

14. This page will auto-populate. Check all information on the claim, enter CERTIFICATION information (your contact information), and click **SUBMIT** to submit the claim.

After School Snacks Area Eligible Program (SK_NSLAE) [Participation Monthly Reimbursement Information]	
Claim Date:	2017-05-01 [YYYY-MM-DD] *Claim Cannot be more than 60 days old
No. of Schools/Sites Participating:	1
Total No. of Days Operating:	20
Average Daily Attendance(ADA):	45
Free Student Meals:	900
[CERTIFICATION]	
<p>I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.</p>	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Phone Number	<input type="text"/> <input type="text"/> <input type="text"/>
Extension	<input type="text"/>

View-Print an Area Eligible Afterschool Snack Program Claim


1. Select *View-Print* to view and/or print a claim. A claim may be viewed and/or printed after it has been submitted to DPI. The claim does not have to be processed to be viewed.

Home-Day Care Program	School Nutrition Program	Community Nutrition Program	Summer Food Program	Special Milk Program	Review	Other Services	Logout
After-School Snacks Area Eligible > Enter-Modify Claim							

2. Select date claim **month** and **year** from the drop-down list boxes and click “**SEARCH**” button. If a claim is found for the given criteria, it will appear in the box below the *Claim Type*. Click the hyperlink to view the full claim information.

After School Program (SK_NSLAE) [View Participation Monthly Reimbursement Information]	
Date Claim Month	May
Year	2017
[Click Claim Type Link below to View Complete Claim Information]	
Claim Type	Date Submitted
New (Unpaid)	07/10/2017

3. A list of all of the individual school site’s claiming information will appear at the bottom of the claim, so you can do a final check of the submitted information. Because this claim is “New (Unpaid)” which means it has not been processed for payment, it may be modified.

Date Claim: 05/01/2017			
Participation Information	# of Students/Meals	Payment Information	Amount
No. of Schools/Sites Participating:	1	Total Meal Reimbursement	\$774.00
Total No. of Days Operating:	20	Voucher No.:	19774
Average Daily Attendance(ADA):	45	Date Submitted:	07/10/2017
Free Student Meals:	900	Date Processed:	
		Date Paid:	
		Claim Status	New (Unpaid)
List of Verified Claim Site(s)			
School Code	Days Operating	ADA	Free Student Meals
160	20	45	900
[CERTIFICATION]			
<p>I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.</p> <p>Preparer Name and Telephone No.: d d (222) 222-2222</p>			
			

Modifying an Afterschool Snack Area Eligible *Unprocessed* Claim

1. Open the saved excel file on your computer that you want to modify and make the changes needed. “Save” the excel file again to your Monthly Claim folder.
2. In Online Services, select *Modify Claim* from the gold menu to modify an **unpaid and unprocessed** Afterschool Snack claim for reimbursement.



3. The unpaid submitted claim will appear. If you wish to modify the claim, check the box in the lower left-hand corner. If you check this box and click **NEXT**, the previously submitted claim will be removed from the system, and it will take you back to the claim site upload.


Home **Enter-Modify Claim**

After School Snacks Program Area Eligible Program (SK_NSLAE)
[Participation Monthly Reimbursement Information]

Claim Date:	2017-05-01	[YYYY-MM-DD] *Claim Cannot be more than 60 days old
No. of Schools/Sites Participating:	1	*Do NOT use commas while entering numbers.
Total No. of Days Operating:	20	
Average Daily Attendance(ADA):	45	
Free Student Meals:	900	

[Confirmation]

Check the box to confirm previously submitted claim modification. If you continue then previously submitted claim will be removed from the system. You must complete the site(s) upload and successfully submit the new modified claim to get reimbursement. If modified claim is left incomplete it will NOT go through payment process!

 NEXT



4. Upload a new excel spreadsheet with the corrected numbers.

After-School Snacks Area Eligible **Enter-Modify Claim**


After School Snacks Program Area Eligible Program (SK_NSLAE)
Upload Site(s) Claim Information

Date Claim Month Year

[Upload Site(s) Claim Information]

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information

Selected File :

 UPLOAD

Please download the [Template File](#) to enter claim data and upload above.

If claim is in "Paid" status, the claim CANNOT be modified online. You must submit a Claim Adjustment via email to DPI accounting. See "Submitting a Claim Adjustment" in this manual.

NSL or SBP Summer School Claim

When operating summer school under NSL or SBP, students are claimed under the school code where the student is **Enrolled**, not the school code where the student is eating. *Do not set up additional entities within the software system to accommodate summer school meal service.*

Use the school year enrollment number for each school code claiming meals and use the actual ADA for the average number of students, under that school code, that attend summer school each day. Enrollment is based upon the school year for which the claim is being submitted. For June, enrollment would be the previous year's enrollment and school code where the student attended. For July and August, enrollment would be the new school year's enrollment for the school the student will be attending. An alternate claiming process is required for Seamless Summer Option (SSO) meals. SSO meals are claimed at the site meals are served. Please access the [SSO Claiming Manual](#) for SSO claiming instructions.

Appendix A

REPORTING PRE-KINDERGARTENERS AND KINDERGARTENERS

The following explains how to report kindergartners and pre-kindergartners on the edit check and the monthly reimbursement claim. As a general rule, if kindergartners or pre-kindergartners have access to the National School Lunch Program on a particular day, then for that day they are to be included in both the Enrollment and the Average Daily Attendance (ADA) figures. Below, we have identified three different kindergarten situations. Please read through these explanations and decide which situation applies to your school.

1. Kindergartners/pre-kindergartners who go either full days or half days daily, and who do eat lunch, **are to be included** in the Enrollment as well as the ADA figures.
2. Half-day kindergartners/pre-kindergartners, who do not eat lunch at school, **should not be included** in the Enrollment or the ADA figures.
3. Kindergartners/pre-kindergartners, who go full days but only several days a week, **should be included** in both the Enrollment and the ADA figures, **but only on those days when they are in school**. Below is an example of 25 kindergartners who attend full days on Monday, Wednesday, and Friday in an elementary school along with 275 other students.

Date of Service	Day Number of Service	Enrollment	Daily Attendance
Mon 10/5	1	300	285
Tue 10/6	2	275	265
Wed 10/7	3	300	286
Thur 10/8	4	275	264
Fri 10/9	5	300	287
Mon 10/12	6	300	288
Tue 10/13	7	275	262
Wed 10/14	8	300	283
Thur 10/15	9	275	264
Fri 10/16	10	300	284
Totals	10	2900	2768

To determine the **Enrollment** for the month, you would divide the total enrollment by the number of days served. In this case, 2900 would be divided by 10 days, for a monthly enrollment of 290.

To determine the **Average Daily Attendance (ADA)** for the month, you would divide the total daily attendance for the month by the number of days served. In this case, 2768 would be divided by 10 days, for an ADA of 277.

Appendix B

Required Edit Check for National School Lunch Program

U.S. Department of Agriculture (USDA) regulations require school agencies to complete an edit check for each of its schools that participate in the National School Lunch Program prior to consolidation of the daily lunch counts for the monthly reimbursement claim. The purpose of the edit check is to identify errors in the schools' lunch counts and/or problems with the meal counting and claiming procedures so that necessary corrections are made. The prototype daily participation/ edit check form is provided by DPI. However, school agencies are not required to use this particular form but must perform an edit check after completing the calculations shown on the bottom of the form. Those school agencies with computerized meal counting systems or in process of purchasing such a system should ask vendors about the edit check feature.

USDA's Required Edit Check Procedures for Each School

1. **Obtain and record the highest number of students in each category.**
 - ☐ Obtain the highest number of students approved for free and for reduced price lunches.
 - ☐ Obtain the highest student enrollment in the schools submitting lunch participation data for the month. Exclude those students who do not have access to the lunch program (e.g., half-day kindergarten and/or pre-kindergarten students) when arriving at the enrollment figure to use in the edit check.
 - ☐ **Subtract the number of students approved for free and reduced price meal benefits from the student enrollment to obtain the number of students for the paid category.**
2. **Compute the attendance factor.**
 - ☐ Divide the average daily attendance for students by the school enrollment to obtain the attendance factor. The attendance factor is number of students in attendance and is not the number of students participating in the school lunch program.

Note: The attendance factor must be calculated at least once each school year but should be computed each month.
3. **Calculate the "highest number of lunches expected for any day" by eligibility category.**
 - ☐ Multiply the highest number of students in each category by the attendance factor.
4. **Compare the "highest number of lunches expected for any day" to the daily counts recorded on the participation record for each of the eligibility categories.**
5. **Evaluate any daily lunch counts that exceed the "highest number of lunches expected".**
 - ☐ The school may find that students approved for the free or reduced price lunches attend at a higher daily rate than those students in the paid category.
 - ☐ Documentation such as daily attendance records or check-off rosters may be used to support daily counts that exceed the "highest number of lunches expected".
 - ☐ Scan the daily counts and evaluate any that appear unusual, such as transposed digits, counts reported in the wrong category or questionable patterns in daily counts.
6. **Correct any lunch count reporting errors that are discovered during the edit check before consolidating counts for the reimbursement claim.**

Example of a School's Required Edit Check

- School's highest number of students approved for free meal benefits during the month: 15

- School's highest number of students approved for reduced price meal benefits during the month: 8
- School's highest daily enrollment for students with access to the lunch program: 239
- School's highest number of students in the paid category: $239 - 23 = 216$
- School's average daily attendance: 230 School's attendance factor: $230 \div 239 = .962$

Lunches	Highest # Of Students		Attendance Factor		Highest # Of
	Approved in Month	Any Serving	(average daily attendance	Expected for	Day
Free	<u>15</u>	X	<u>.962</u>	=	<u>14.4 or 15</u>
Reduced-Price	<u>8</u>	X	<u>.962</u>	=	<u>7.7 or 8</u>
Paid	<u>216</u>	X	<u>.962</u>	=	<u>207.8 or 208</u>

Although it is not required to complete an edit check incorporating an attendance factor, for breakfast, USDA regulations prohibit claiming for free and reduced price breakfasts in excess of the number of children approved for free and reduced price breakfasts.

Daily Participation record/Edit Check

MONTH/YEAR:

SCHOOL:

		LUNCH			BREAKFAST		
SERVICE DAYS	DATE	FREE	REDUCED PRICE	PAID	FREE	REDUCED PRICE	PAID
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
TOTALS							

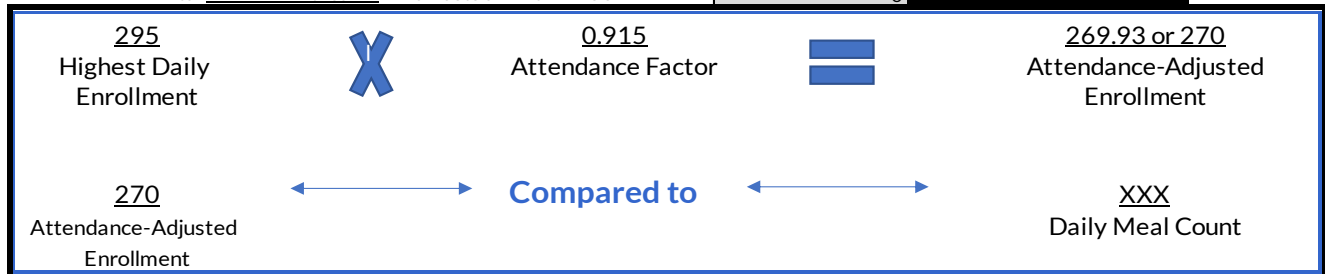
REQUIRED EDIT CHECK FOR SCHOOL LUNCH PROGRAM

	Highest # of Students Approved in Month		Attendance Factor (avg. daily attendance ÷ school enrollment)		Highest # of Lunches Expected for Any Serving Day
Free		X		=	
Reduced Price		X		=	
Paid		X		=	

CEP MEAL COUNT EDIT FORM - Internal Control

USDA regulations require school agencies to complete an edit check for each of its schools that participate in the National School Lunch Program prior to consolidation of the daily lunch counts for the monthly reimbursement claim. School agencies are not required to use this particular form but must perform an edit check after completing the calculations shown on the bottom of the form.¹

Name of School:			Month and Year:		
Service Days	Number Reimbursable Breakfasts Served ¹	Number Non-Reimbursable Breakfasts Served ²	Number Reimbursable Lunches Served	Number Non-Reimbursable Lunches Served ²	Comment (if daily meal count exceeds the Attendance-Adjusted Enrollment below)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total	0	0	0	0	
Highest Daily Enrollment For This Month:		Attendance Factor:		Attendance-Adjusted Enrollment:	0
Compare Attendance-Adjusted Enrollment to Daily Meal Count					
Free Claiming Percentage*		Paid Claiming Percentage*			
Number Breakfast meals to claim for Free*		0	(total breakfasts served x Free claiming percentage)		
Number Breakfast meals to claim for Paid*		0	(total breakfasts served x Paid claiming percentage)		
Number Lunch meals to claim for Free*		0	(total lunches served x Free claiming percentage)		
Number Lunch meals to claim for Paid*		0	(total lunches served x Paid claiming percentage)		
Total Non-Reimbursable Breakfasts and Lunches served				0	



How to Submit a Claim Adjustment when Claim is Already in Paid Status

Once a claim is paid, agencies can no longer modify a claim in Online Services. When agencies need to submit a claim adjustment, an excel file showing only the adjustments from the paid claim should be emailed to Jacqueline.darrow@dpi.wi.gov.

Claims may be adjusted up to 90 days following the last day of the full month covered by the claim.

1. Open the excel claim file that needs the adjustment.
2. Enter only the differences from the claim that was paid. You will need to use a "-" (negative) sign when entering a negative number. If there are no changes in a cell, enter a "0" (zero).

For example, a district was paid for this claim, and later realized there were errors:

Free Student Meals:	2,539			Date Processed:	12/23/2017
Reduced Student Meals:	1,024			Date Paid:	12/04/2017
Paid Student Meals:	12,260	0		Claim Status	New (Paid)
Total Student Meals:	16,819			PBR Payment:	\$1,009.14

*PBR = Performance Based Reimbursement

List of Verified NSL Claim Site(s)

School Code	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	CEP Free %	CEP Paid %	Total CEP Meals
20	133	45	21	560	546	1662	514	5072	0.0	0.0	0
40	82	21	21	463	436	773	211	3207	0.0	0.0	0
60	78	26	21	444	430	1100	299	3981	0.0	0.0	0

For the adjustment, the district emailed this excel sheet to DPI Accounting Darrow(Jacqueline.darrow@dpi.wi.gov), showing they had overclaimed 18 free meals, and underclaimed 70 reduced price meals and 6 paid meals:

B	C	D	E	F	G	H	I	J	K	L	M
School (Program)	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals	
20 NSL	10/01/2017	-2	4	0	0	0	-18	70	6	0	
40 NSL	10/01/2017	0	0	0	0	0	0	0	0	0	
60 NSL	10/01/2017	0	0	0	0	0	0	0	0	0	

If the adjustment results in additional funds to be paid to the agency (an underpayment), you will receive an ACH deposit. Details can be found on the [Aids Register Information | Wisconsin Department of Public Instruction](#). If the adjustment results in an overpayment to the agency, the amount owed back to DPI will be deducted from the next reimbursement claim payment.

Frequently Asked Questions

1. Claims Due – When?

Claims are due within SIXTY CALENDAR DAYS of the last day of the claiming month (example: The September 2017 claim is due November 29, 2017). However, in the event that the 60th day falls on a Saturday, Sunday, or Federal holiday, the claim is due on the next business day. If you are submitting a claim under this situation, you will not be able to submit your claim online. Instead, you need to submit a “[paper claim](#).” Please plan ahead to avoid [paper claim](#) submissions.

2. Is There Any Time When I Cannot Enter a Claim?

Yes. 1) When the Payment Process Package for claims is running, you cannot access the “Enter Claims” part of Online Services. This process usually lasts only a short time and is typically done on Tuesday mornings with few exceptions. If this process is running, you will get an error message telling you to wait one hour, and then retry. 2) If you’ve already submitted a claim for a program that needs to be processed, another claim cannot be submitted. Online Services only allows one unprocessed claim per each program in the system. Other than these exceptions, the “Enter Claims” area of the Online System is available anytime from anywhere. As long as our server is online (which it always should be), we will accept any claim data or requests for past claims information.

3. Claim Data and Errors

There are “edit-checks” on certain fields on the claim forms. These edit-checks will not allow certain data to be entered. If you think you have entered valid data and the Internet site will not accept it, please call Jacqueline Darrow at 608-267-9134. If necessary, a [paper claim](#) may need to be submitted.

4. Why or When Would I Modify a Claim?

If a previous claim’s data is incorrect, and it has NOT been paid, you can submit the data again with the correct data. Once the claim is paid, it CANNOT be modified online. You will need to submit a [paper claim](#) as an adjustment/amendment by email to Jacqueline.darrow@dpi.wi.gov.

5. I Can’t Get into Online Program to Enter Information

The Online System checks the agency code against our valid contract file. If you do not have a valid contract on file for the specific program you are trying to enter, you will not be able to access the screens. If you think you have a valid contract and still cannot get into the entry screen you desire, please call the School Nutrition Team at 608-267-9228.

Troubleshooting Submitting Monthly Child Nutrition Claims

Spinning wheel

Try switching browsers. Do not use the browser Firefox (Mozilla). Use Internet Explorer or Chrome to submit claims. Be sure your browsers are up to date.

Cannot edit template excel file

After opening the template, be sure to click on "Enable Editing". Then save the template to your computer.

The date or the program name is wrong on the template excel file

You should not change any of the information that populates on columns A through D on the template. Columns A through D will auto-populate from the information on your Online Contract and from the Date you selected from the dropdown. If these columns are wrong, then either your online contract needs to be updated or the correct date must be selected from the dropdown before you will be able to submit the claim.

School code number is incorrect or missing on the template file

School codes in column B of the template come from Schedule A of your approved Online Contract. If the school codes are incorrect or school codes are missing, be sure the date you selected on the claim dropdown is correct before clicking on "Template". If the school codes are not correct, please review Schedule A of your Online Contract for errors.

Be to delete the header on the template, and save the file to your computer before you upload.

Common error messages

"Invalid data value" for every column on row 1 – User failed to delete header.

"Claim for month/year is not due for reimbursement." – User failed to select the correct date month and year from the dropdown.

"File has invalid Date Claim" – User changed the date in the template.

"Average Daily Attendance must be less than OR equal to Enrollment – User entered a percentage or decimal for the ADA. The ADA must be a whole number, rounded up to next whole number.

"Free/Reduced Student Meals are too high. Please contact DPI Federal Fiscal Unit" – The contact for Federal Fiscal Unit is jacqueline.darrow@dpi.wi.gov.

"Data upload failed due to incorrect number of columns." – User should not delete any columns even if they are "0".

Red X under approved sites – User failed to select the correct dropdown before clicking on Template and incorrect school codes auto-loaded into excel sheet, or online contract needs to be updated.

"Reduced Student Meals value is too high" – Contact jacqueline.darrow@dpi.wi.gov or 608-267-9134.

"Total Student Meals should be more than zero" – If a site does not serve meals for the claiming month and columns J through M are "0", delete the row for that site. (For example, some schools may not serve snack for the month of August, so when submitting the August Snack claim, that site's row should be deleted.)

USDA Non-Discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

program.intake@usda.gov

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05/05/2022