

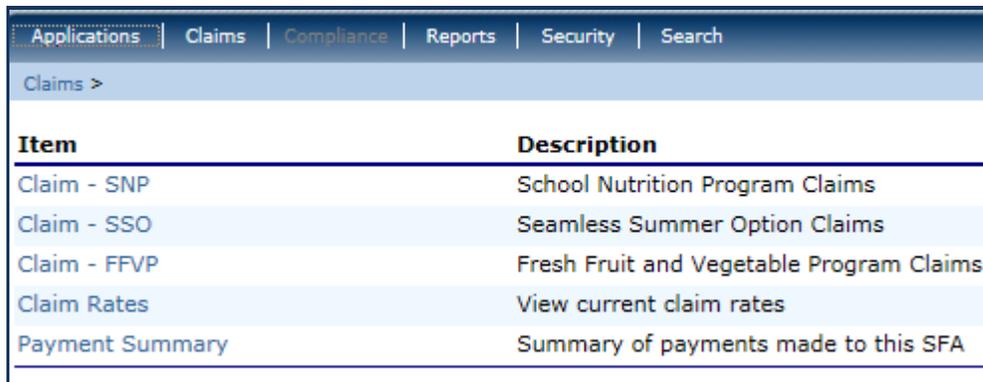
Instructions for Completing a Claim for Reimbursement

Step 1: Log in to the Child Nutrition Technology System at <https://www.ncchildnutrition.org>

Step 2: Select the “Claims” tab



Step 3: Select the “Claim – SNP”

A screenshot of the 'Claims' sub-menu in the system. The menu is titled 'Claims >' and contains a table with two columns: 'Item' and 'Description'. The 'Claim - SNP' item is highlighted in blue. The other items listed are 'Claim - SSO', 'Claim - FFVP', 'Claim Rates', and 'Payment Summary'.

Item	Description
Claim - SNP	School Nutrition Program Claims
Claim - SSO	Seamless Summer Option Claims
Claim - FFVP	Fresh Fruit and Vegetable Program Claims
Claim Rates	View current claim rates
Payment Summary	Summary of payments made to this SFA

Step 4: Select the Claim Month

Claim Month	Adj Number	Claim Status	Date Received	Date Processed	Earned Amount
Jul 2012					\$0.00
Aug 2012					\$0.00
Sep 2012					\$0.00
Oct 2012					\$0.00

Step 5: Select “Add Original Claim”

Claim Month: July 2012						
Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
There are no claims for this month.						
Total Earned					\$0.00	
<input type="button" value=" < Back"/> <input type="button" value=" Add Original Claim"/>						

Step 6: Complete “General Information”

G1= Number of Students that are approved for Free Meals

G2= Number of Students that are approved for Reduced Price Meals

G3= Number of Students that are enrolled in the SFA

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Jul 2012	0				
General School Nutrition Program Information					
G1. Number of Children Approved for Free Meals:				<input type="text" value="0"/>	
G2. Number of Children Approved for Reduced Price Meals:				<input type="text" value="0"/>	
G3. Number of Enrolled Children:				<input type="text" value="0"/>	

Step 7: Complete “Lunch Information”

L1= Number of Sites providing meals during the claim month

L2= Total Monthly Attendance – **THIS IS A NEW REQUIREMENT.** Please enter the total attendance for the entire claim month. For example, if there were 10

days during the claim month and a daily total of 800 students, the figure entered would be 8000

L3= Number of days meals served during the month

L4= Number of lunches served by category (Free, Reduced and Paid). The system will calculate the total

National School Lunch Program	
L1. Authorized Sites Participating:	<input type="text" value="0"/>
L2. Total Monthly Attendance:	<input type="text" value="0"/>
L3. Number Operating Days:	<input type="text" value="0"/>
L4. Reimbursable Lunches Served	
a. Free Lunches Served:	<input type="text"/>
b. Reduced Price Lunches Served:	<input type="text"/>
c. Paid Lunches Served:	<input type="text"/>
d. Total Lunches Served (a + b + c):	<input type="text"/>

Step 8: Complete “Regular Breakfast Information” (if applicable)

B1= Number of Regular Sites providing meals during the claim month

B2= Total Monthly Attendance – **THIS IS A NEW REQUIREMENT.** Please enter the total attendance for the entire claim month. For example, if there were 10 days during the claim month and a daily total of 800 students, the figure entered would be 8000

B3= Number of days meals served during the month

B4= Number of Breakfasts served by category (Free, Reduced and Paid). The system will calculate the total

School Breakfast Program (Regular Reimbursement)	
B1. Authorized Sites Participating:	<input type="text" value="0"/>
B2. Total Monthly Attendance:	<input type="text" value="0"/>
B3. Number Operating Days:	<input type="text" value="0"/>
B4. Reimbursable Breakfasts Served	
a. Free Breakfasts Served:	<input type="text"/>
b. Reduced Price Breakfasts Served:	<input type="text"/>
c. Paid Breakfasts Served:	<input type="text"/>
d. Total Breakfasts Served (a + b + c):	<input type="text"/>

Step 9: Complete “Severe Need Breakfast Information” (if applicable)

N1= Number of Severe Need Sites providing meals during the claim month

N2= Total Monthly Attendance – **THIS IS A NEW REQUIREMENT.** Please enter the total attendance for the entire claim month. For example, if there were 10 days during the claim month and a daily total of 800 students, the figure entered would be 8000

N3= Number of days meals served during the month

N4= Number of Breakfasts served by category (Free, Reduced and Paid). The system will calculate the total

School Breakfast Program (Severe Need Reimbursement)	
N1. Authorized Sites Participating:	<input type="text" value="0"/>
N2. Total Monthly Attendance:	<input type="text" value="0"/>
N3. Number Operating Days:	<input type="text" value="0"/>
N4. Reimbursable Breakfasts Served	
a. Free Breakfasts Served:	<input type="text"/>
b. Reduced Price Breakfasts Served:	<input type="text"/>
c. Paid Breakfasts Served:	<input type="text"/>
d. Total Breakfasts Served (a + b + c):	<input type="text"/>

Step 10: Complete “After School Snack (ASSP) Information” (if applicable)

A1= Number of Students Approved for Free Snacks

A2= Number of Students Approved for Reduced price snacks

A3= Number of Students Enrolled in ASSP

A4= Number of Sites providing meals during the claim month

A5=Total Monthly Attendance – **THIS IS A NEW REQUIREMENT.** Please enter the total attendance for the entire claim month. For example, if there were 10 days during the claim month and a daily total of 800 students, the figure entered would be 8000

A6= Number of days meals served during the month

A7= Number of Snacks served by category (Free, Reduced and Paid). The system will calculate the total

Afterschool Care Program	Non-Area Eligible	Area Eligible	Total
A1. Number of Children Approved for Free Snacks:	<input type="text"/>	<input type="text"/>	
A2. Number of Children Approved for Reduced Snacks:	<input type="text"/>		
A3. Number of Enrolled Children:	<input type="text"/>		
A4. Authorized Sites Participating:	<input type="text"/>	<input type="text"/>	
A5. Total Monthly Attendance:	<input type="text"/>	<input type="text"/>	
A6. Number Operating Days:	<input type="text"/>	<input type="text"/>	
A7. Reimbursable Snacks Served			
a. Free Snacks Served:	<input type="text"/>	<input type="text"/>	
b. Reduced Price Snacks Served:	<input type="text"/>		
c. Paid Snacks Served:	<input type="text"/>		
d. Total Snacks Served (a + b + c):			

Step 11: Press Save

<input type="button" value="Save"/> <input type="button" value="Cancel"/>

Step 12: The following screen appears once the “Save” button is pressed, the following information appears. Review the meals entered for accuracy and then check the “Certification” box and press “Submit for Payment”. (TURN TO NEXT PAGE)

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Jul 2012	0				
SFA Totals					
Meal Type	Meals/Supplements Served	Federal Rate	Reimbursement Federal Amount		
National School Lunch Program					
Free	600	2.8800	1,728.0		
Reduced	10	2.4800	24.8		
Paid	100	0.2900	29.0		
Total	710		1,781.8		
School Breakfast Program Severe Need					
Free	600	1.8500	1,110.0		
Reduced	10	1.5500	15.5		
Paid	100	0.2700	27.0		
Total	710		1,152.5		
Claim Reimbursement Total					2,934.3
Certification					
<input type="checkbox"/> I hereby certify that this report is complete and current according to the records of this office and to the best of my knowledge, this administrative unit has complied with all federal and state requirements and that reimbursements claimed have not been received.					
		<input type="button" value=" < Back"/> <input type="button" value=" Submit For Payment"/>			

Step 13: The system now provides a confirmation number for every claim submitted. Select "Finished" to complete the submission of the monthly claim.

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Jul 2012	0	09/04/2012	09/04/2012		Original
Confirmation Number: ABYDOI					
Thank you for your July 2012 Claim Submission.					
An email confirmation has been sent to:					
<input type="button" value=" Finished"/>					