



CACFP Online Claim Manual

At-Risk Afterschool & Emergency Shelter Programs

Wisconsin Department of Public Instruction (DPI) Community Nutrition Team

Revised November 2022

Click on the links in the Table of Contents to go to each section.
When on each page click on the heading to return to the Table of Contents.

Table of Contents	Pages
Submitting CACFP Claims, Claim Deadlines, Late Claims	1-2
Navigating the Claim System	2
Logging into the Claim System	3
Entering the Claim	4
General Information	5
List of Reimbursable Sites	6
Participation Reimbursement Information - Site Form	7-8
Submission and Confirmation	9
View and Print Claims	9
Amending Claims	10
Contacts	10
USDA Nondiscrimination Statement	10-11

Submitting CACFP Claims, Claim Deadlines, Late Claims

Submitting CACFP Claims

- All claims must be submitted electronically by following the steps in this Claim Manual.
- Print a hard copy of all submitted claims for your records. Retain for three years plus the current year.
- A separate claim must be submitted for every month, even if the month consists of only one day of meal service to participants.
- Processing of submitted claims occurs each Tuesday morning, unless that day is a holiday, in which case the processing is the following day. Payment processing does not occur the last two weeks of June and the last two weeks of December.
- You may only submit one claim for each Child Nutrition Program (i.e. CACFP, NSLP, SFSP, SMP) per processing period.
- All agencies will receive reimbursement payments via electronic deposit through [AIDS Banking](#).

Claim Deadlines

Claims for reimbursement must be submitted online within 60 calendar days after the last day of the claiming month. The following chart gives the deadline date for each monthly claim period. Click on our [Claim Submission Deadlines](#) webpage for additional information.

Claiming Month	Last Day for Online Submission
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. If you are submitting a claim under this situation, you will not be able to submit your claim online. Instead, you need to complete a paper copy of the claim. Plan ahead to avoid paper claim submissions. If you are unable to submit your claim online, please make sure to email it to Najat.shorette@dpi.wi.gov or 608-266-6856 to meet these deadlines.

Late Claims

A late claim is any original claim or amended claim with an upward adjustment (increase in dollar amount from the original claim) submitted after 60 calendar days from the end of the claiming month. **Late claims cannot be submitted online.** DPI must grant a “one-time exception” to pay a late claim. This “one-time exception” is at DPI’s discretion. DPI may grant a “one-time exception” for only one claim per program (i.e. child care, adult care, at-risk afterschool program, emergency shelter) every 36 months. To receive a one-time exception for a late claim or amended claim refer to [Guidance Memo 3](#).

Navigating the Claim System

Time Limitations

A timer starts from the moment the site is entered. **If there is no activity for 30 minutes**, the user will get an error message and will have to return to the main *Login* screen. **Any data on the page you were working will not be saved.** Any movement on a page will reset the 30-minute timer.

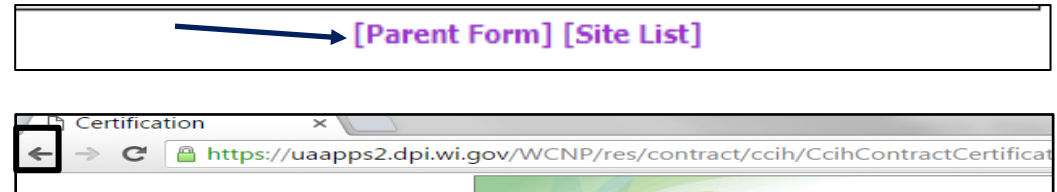
Saving Entered Claim Data

- Clicking ‘Continue’ at the bottom of each page saves information/data entered.
- If exiting the system before completing the claim, click ‘Continue’ to save current data.



Returning to Previous Pages

- Click a link at the bottom of the page. The name of the link is the page you will go to.
- If you click on the ‘Back’ icon at the top of the screen, your data will not be saved from the screen you are currently on.



Exiting the Claim

Click ‘Logout’ in the upper right corner of the blue boxes.

- If exiting the system before completing the claim, click ‘Continue’ to save current data.



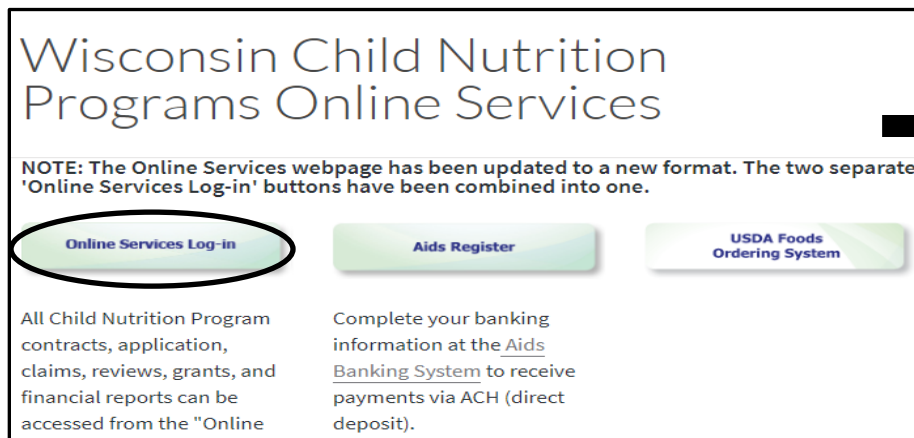
Logging into the Claim System

Google Chrome is highly recommended.

1. Go to the [Wisconsin Child Nutrition Programs](#) webpage. Click on the 'Online Services' link.

This will take you to the [Wisconsin Child Nutrition Programs Online Services](#) website. **Bookmark this page as a favorite.**

2. Click on the 'Online Services Log-in' button.



Bookmark this page for future easy access to Online Services and to access important information regarding claims.

3. Enter Agency Code (without dashes) and Password. Click 'Submit'

Do not bookmark this webpage. If you wish to bookmark, go to step 1.

If you do not know your password or need to request a new one, contact:

1. Primary Contact: Jacque Darrow at 608-267-9134;
jacqueline.darrow@dpi.wi.gov
2. Secondary Contact: Najat Shorette at 608-266-6856;
Najat.shorette@dpi.wi.gov

Note: Passwords should be changed when the Authorized Representative or person authorized to submit a claim has left the agency.



Entering the Claim

1. From the Main menu, select 'Community Nutrition Program'



2. Select 'Claim Reimbursement'



3. Select 'At Risk or Emergency Shelter'



4. Select 'Enter-Modify Claim'

This button is used to submit a new claim or to modify the claim prior to DPI processing it



Click 'Continue'

General Information

Note: Before entering your claim, you must have all site information readily available to complete submission.

Enter total data for all sites:

- **Date Claim Month:** Indicate claim month and year using drop-down boxes. Enter CLAIM month, **NOT** the month in which you are completing the claim.

At-Risk meals and snacks may be reimbursed during the regular school year only. This includes weekends or holidays, including vacation periods during normal agency operation days and as approved in the CACFP contract.

In areas where schools operate on a year-round basis the At-Risk program may receive reimbursement all year.

- **No. of Sites Claiming:** Enter the **total** number sites claiming for the month.
- **Max No. of Service Days:** Enter the total days in the month the site was open and claiming meals during the month.
Sponsoring Organizations: If sites differ in total days of service, report the greatest number.
- **Total Enrollment:**
 - At-Risk Afterschool Programs: Record the highest total daily attendance in the afterschool hours program for all sites.
 - Emergency Shelters: Record the total number of residential participants under 19 years of age at all sites.
- **Enter Claim Preparer Information:** Enter first name, last name, phone number, extension, and email address.


Click 'Continue'

At Risk Claim Reimbursement
Enter Modify Claim General Information

Date Claim Month	<input type="text"/>	Date Claim Year	<input type="text"/>
No. of Sites Claiming	<input type="text"/>		
Max No. of Service Days	<input type="text"/>		
Total Enrollment	<input type="text"/>		

Claim Preparer Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Phone Number	<input type="text"/>	Extension	<input type="text"/>
Email Address	<input type="text"/>		

 CONTINUE

List of Reimbursable Sites

Claim data must be submitted for each site claiming for the month.

The numbers for each category on the General Information page must equal the total sum for each category on this site list.

The 'List of Reimbursable Sites' chart lists the site code and site name of each site **approved** in the CACFP contract.

- **Select first site**
- Click on the **Edit/Delete** to enter information for each site.
- If a site did not participate during the claim month, do not enter any information for that site.
- If a site is not listed on this page, contact your [Assigned Consultant](#).

Click '**Continue**'

The screenshot shows a web application interface for 'At Risk Claim Reimbursement Site List'. At the top, there are navigation tabs for 'School Nutrition Program', 'Community Nutrition Program', and 'Logout'. Below these are breadcrumb links: 'Claim Reimbursement > At Risk > Enter-Modify Claim'. The main heading is 'At Risk Claim Reimbursement Site List'. A message reads: 'Select site(s) and click 'Edit/Delete' button to Enter/Modify/Delete claim information for selected site(s)'. Below this is a table with three columns: 'Site Code & Name', 'Status', and 'Select site(s)'. The table lists three sites: 11347 Blackhawk Middle School (checked), 11346 Falk Elementary School (unchecked), and 11348 Memorial High School (unchecked). Below the table is a summary table with five columns: 'Total Site(s) claiming', 'Total Site(s) submitted', 'Total Site(s) Enrollment', 'Total Site(s) Enrollment Submitted', and 'Status'. The values are 2, 0, 100, 0, and Incomplete respectively. At the bottom, there are buttons for 'Edit/Delete' and 'CONTINUE', and a link for '[Claim General Info]'.

Site Code & Name	Status	Select site(s)
11347 Blackhawk Middle School		<input checked="" type="checkbox"/>
11346 Falk Elementary School		<input type="checkbox"/>
11348 Memorial High School		<input type="checkbox"/>

Total Site(s) claiming	Total Site(s) submitted	Total Site(s) Enrollment	Total Site(s) Enrollment Submitted	Status
2	0	100	0	Incomplete

Edit/Delete CONTINUE

[\[Claim General Info\]](#)

Site Details

Enter data for the selected site:

Site Code & Name

- **Enrollment:**
 - At-Risk Afterschool Programs: Record the highest total daily attendance in the afterschool hours program for site.
 - Emergency Shelters: Record the total number of residential participants under 19 years of age for site.

- **No. of Service Days:** Enter the total days in the month the site was open and claiming meals during month.

- **Average Daily Attendance (ADA):** Use attendance records, NOT meal counts.
 1. Determine the number of eligible participants in attendance each day the site was open and claiming meals.
 2. Add up each day's total to get a monthly total.
 3. Divide monthly total by number of days of service to determine ADA.
 4. Round all fractions up to the next whole number.

Schools Only: For ADA step 1 above, use one of the following:

1. Use Total Sites Enrollment, OR
 2. Highest number of meals served of the different meal types claimed
- Sponsoring Organizations:* Record ADA for each site.

- **Breakfast, AM Snack, Lunch, PM Snack, Supper, and Additional Snack, 2nd Lunches, 2nd Supper:** Enter the total meal count number for each meal your agency is approved to claim at the selected site.

Enter '0' (zero) in the fields that do not apply. Do NOT use commas or decimal points when entering numbers.

Click 'Save'.

School Nutrition Program
Community Nutrition Program
Logout

..> Claim Reimbursement > At Risk>
Enter/Modify Claim

At Risk Claim Reimbursement Site Details List

Enter/Edit claim meal information for each site listed below and click "Save" button to save claim information. Click "Delete" button to delete all the site(s) claim information shown on this page.

Date Claim Month:

No. of Sites Claiming:

Max No. of Service Days:

Total Sites Enrollment:

Date Claim Year:

Site Code & Name	Enrollment	No.Of Service Days	ADA	Breakfast	AM Snack	Lunches	PM Snack	Suppers	Additional Snack	2nd Lunches	2nd Supper
11347 Blackhawk Middle School	<input type="text" value="50"/>	<input type="text" value="20"/>	<input type="text" value="40"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="100"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

BACK
 SAVE
 DELETE

[\[Claim General Info\]](#) [\[Claim Site List\]](#)

Participation Reimbursement Information – Site Form (continued)

This will take you back to the 'List of Reimbursable Sites' page. Under 'Status' it will change from blank to filled. Repeat steps above for each site that is claiming for the month. If a site is not claiming do not enter any information for that site. Upon completion of all site information, click 'Continue'.

At Risk Claim Reimbursement
Site List

Select site(s) and click 'Edit/Delete' button to Enter/Modify/Delete claim information for selected site(s).

Site Code & Name	Status	Select site(s)
11347 Blackhawk Middle School		<input type="checkbox"/>
11346 Falk Elementary School		<input type="checkbox"/>
11348 Memorial High School		<input type="checkbox"/>

Total Site(s) claiming	Total Site(s) submitted	Total Site(s) Enrollment	Total Site(s) Enrollment Submitted	Status
2	1	100	50	Incomplete

Edit/Delete CONTINUE

[Claim General Info]

Review the information that is shown for the unpaid claim, and if all is correct, enter the preparer's name and telephone number.

Click on the 'Submit' button at the bottom to submit the claim to DPI to be processed for payment.

Claim General Information			
General Information	Payment Actual	Amount	
Claim Date:	11/01/2012	Meal Reimbursement	\$572.00
No. of Service Days	20	Cash in Lieu (CIL)	\$45.50
No. of Sites Claiming	2	Total	\$617.50
Total Sites Enrollment	100	Voucher No.	31007
		Processed On	

Total Reimbursable Meals Summary Based on Site(s) Participation Information					
Total Breakfasts	Total AM Snacks	Total Lunches	Total PM Snacks	Total Suppers	Total Additional Snacks
0	0	0	0	200	0

Site Participation Information											
Site Code	Enrollment	No. Of Service Days	ADA	Breakfasts	AM Snack	Lunches	PM Snack	Suppers	Additional Snack	2nd Lunches	2nd Supper
11347	50	20	40	0	0	0	0	100	0	0	0
11346	50	20	5	0	0	0	0	100	0	0	0

Claim Preparer Information					
First Name			Last Name		
Phone Number			Extension		
Email Address					

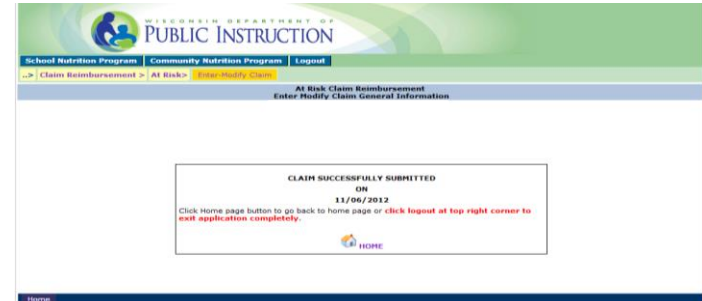
I Certify that to the best of our knowledge and belief, this claim is true and correct in all aspects, that records are available to support this claim, that it is in accordance with the terms of the existing Agreements, and that payment has not been received. I recognize that I will be fully responsible for any excess funds received due to erroneous or neglectful reporting herein. I also understand that this information is being given in connection with the receipt of Federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable state and Federal criminal statutes.

[Claim General Info] [Claim Site List]

Submission and Confirmation

A screen will appear to confirm receipt of the submitted claim. The statement will include the date the claim was successfully submitted. **PRINT THIS SCREEN FOR YOUR RECORDS, AS WELL AS THE SCREEN SHOWING THE REIMBURSABLE DOLLAR (\$) AMOUNT.**

Directions for printing are below. Keep copies of these two screens on file along with all CACFP support documentation.



View and Print Claims

View and/or print claims after they have been submitted to DPI via the 'Print-View Claim' Menu.

To get to the 'Print-View Claim' screen, click on the 'Home' button and then select:

1. Community Nutrition Program (blue heading)
2. Claim Reimbursement
3. At Risk or Emergency Shelter
4. Print-View Claim



Printing a Claim:

1. Select 'Claim Month' and 'Year' from the drop-down box.
2. Click 'Search.'

If the claim is found for the given criteria, the claim and the date the claim was submitted will appear. Click on 'New (paid)' link under the 'Claim Type' to view or print the claim information. If a claim is not found for the given criteria, a box will not appear under 'Claim Type' and a message will appear that no claim is found.

Claim Type	Claim Date
New Claim(Unpaid)	10/01/2012

Amending Claims

Claims that have not been processed by DPI must be amended online. After a claim has been processed by DPI it CANNOT be amended online. Processing of claims is completed, in most cases, on Tuesday mornings.

Amending Claim Prior to DPI Processing: Follow the steps to enter a claim that begin on page five of this manual. The unprocessed claim will be available for selection.

Amending Claim After DPI Processed Claim:

1. Print the claim by following directions in the 'View and Print Claims' section on the previous page.
2. Draw a line through any item that must be changed (e.g., number of meals, average daily attendance) and write in correct number(s).
3. Sign, date and email a scanned copy to Najat.shorette@dpi.wi.gov or fax to Federal Aids and Audit section at 608-267-9207.

Contacts

If you do not know your password or wish to request a new one, or if you need assistance completing the claim online, contact:

Primary Contact: Jacque Darrow at 608-267-9134; jacqueline.darrow@dpi.wi.gov

Secondary Contact: Najat Shorette at 608-266-6856; Najat.shorette@dpi.wi.gov

USDA Nondiscrimination 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

This institution is an equal opportunity provider.