



# Child and Adult Care Food Program Internet Claim Manual

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This manual illustrates the procedure for entering new and modifying existing Parent and Site Claims screens.

The data elements on the claims have not changed.

Department of Public Instruction  
125 S. Webster Street  
PO Box 7841  
Madison, WI 53707-7841

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## Basic Navigation Instructions

**LINKS TO A PRIOR PAGE** – In order to return to a prior page/screen that you have already visited, you must click on one of the ‘links’ at the top of the screen. The name of the link will tell you what screen you will go to.

Remember that you must go forward to the next page to automatically save new information that you have entered. If you simply click on the “Back” icon at the top of the screen your newly entered data WILL NOT BE SAVED when you return to the page.

**LINKS TO OTHER PAGES** – If a portion of text is underlined, i.e., Site Information, this means that if you click on this underlined text you will go to a different web page, called a “linked-page” or “link.” If you go to a link on another page by clicking on the underlined text, the next time you are in the same menu the link will be a different color. This is controlled by your browser (Netscape or Internet Explorer).

**GO BACK TO PREVIOUS PAGE** – To return to a page you were just on (or others before that) just click on the “Back” button on the Internet Menu on top of the page, on the left side of the screen.

Remember that you must go forward to the next page to automatically save new information that you have entered. If you simply click on the “Back” icon at the top of the screen your newly entered data WILL NOT BE SAVED when you return to the page.

**GO FORWARD TO A PAGE** – You may only go forward to a page by clicking on the link that will send you to the appropriate site. However, if you have used the “Back” button you may then use the “Forward” button at top of screen to return to a page you have already entered.

**TIME LIMITATIONS** – A timer starts from the moment the site is entered. If there is no activity at all for 30 minutes, the user will get an error message and has to return to the main “Login” screen. Any movement on a page at all, such as going from one screen to another or even just moving to another entry field on the same page will reset the 30-minute timer. This limit is set up so that users do not log in to the FNS site and stay on it all day without entering any information.

**EXIT PROGRAM** – Links at the top of screens include “Logout.” Click on this “Logout” link to exit from the entire program. If exiting the system prior to completing the claim, be sure to click on the “Continue” button at the bottom of the screen you are working on. This will save the information from that page.

## Logging on to the Website

1. **Open your Internet Browser.** You may use Internet Explorer Netscape, Firefox or Google. Screens WILL appear differently for each. Google is recommended but data will be accepted from any browser.
2. **Use the mouse to click on the “Location: area”** - at the top of the Browser page.
  - 2a. The entire ‘address link’ should be highlighted to start with, if not, highlight it with mouse.
3. **Type the following:** <https://dpi.wi.gov/nutrition> to replace ‘address link’.
  - 3a. Press Enter to go to site. (Bookmark site at this point, **NOT** at later pages)
4. Click on **“Online Services.”**
5. Click on **“Online Services Log-in.”**



## Logging on to the On-line Services

6. The following screen will appear asking for your Agency Code and password. If you have misplaced your password or to request a new password, contact Jacque Jordee at 608-267-9134 as a primary contact or if not available, Rick Fairchild at 608-266-6856. *Note: Passwords should be changed when the Authorized Representative or person authorized to submit a claim has left the agency.*

5a. Enter Agency Code (**without dashes**)

5b. Enter Password

5c. Click the “Submit” button

Welcome to Wisconsin Child Nutrition Programs On-line Services

Submit Claims for Home Sponsor, National School Lunch Program, Summer Food Program, Child and Adult Care Food Program & Revise Home Sponsor Contracts Informations.

LOG IN

Agency Code

Password

### Time Limit on Entering Data:

A timer starts from the moment the FNS site is entered. If there is no activity at all for 30 minutes, the user will get an error message and has to return to the main “Login” screen. Any movement on a page at all, such as going from one screen to another or even just moving to another entry field on the same page will reset the 30-minute timer.

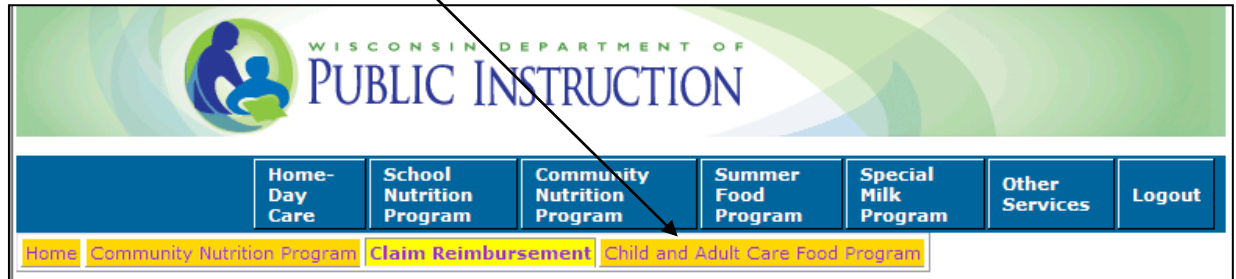
7. From the Main Menu, select “Community Nutrition Program.”



8. From the Community Nutrition Program Menu select “Claim Reimbursement.”



9. From the Claim Reimbursement Menu, select “Child and Adult Care Food Program.”



10. From the Child and Adult Care Food Program Menu, select “Enter-Modify Claim.”

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



11. Select the type of Program your agency is: Child Care Institution or Adult Day Care through the use of the drop-down box. (Click on the arrow and highlight the agency type)

The screenshot shows a web application interface with a blue header containing navigation tabs: Home-Day Care, School Nutrition Program, Community Nutrition Program, Summer Food Program, and Logout. Below the header, a breadcrumb trail includes Home, Child and Adult Care Food Program, and Enter-Modify Claim. The main content area is titled "Child and Adult Care FoodProgram" with a subtitle "[Select Program to Enter Participation Reimbursement Information]" and the agency name "176803 - Menomonie Day Care Inc". A "Select Program:" label is positioned to the left of a dropdown menu. The dropdown menu is open, showing two options: "Child Care Institution (CCI)" and "Adult Day Care (ADC)". An arrow from the instruction points to the dropdown arrow.

12. Click "Continue"

This screenshot shows the same web application interface as the previous one, but the dropdown menu is now closed and the selected option "Child Care Institution (CCI)" is visible in the dropdown box. Below the dropdown menu, there is a blue button with a right-pointing arrow and the text "CONTINUE". An arrow from the instruction points to this button.

13. Enter participation data on the Parent Form (Participation Reimbursement Information) as totals for each category only for the sites claiming. For the month and year, use the drop-down box by clicking on the arrow. Enter the CLAIMING month, NOT the month you are completing the claim in.

Enter "0" (zeros) in the fields that do not apply. Do NOT use commas when entering numbers.

The numbers for each category on the Parent Form must equal the total sum for each category on the site form(s) (step #15).

14. Click on Continue.

Child and Adult Care Food Program  
[Participation Reimbursement Information - Parent Form]  
176803 - Menomonie Day Care Inc

Program: Child Care Institution (CCI)

Claim Date: Month: October Year: 2008

\*Do NOT use commas while entering numbers.

Non-needy Category:

Reduced Category:

Free Category:

Number of Days of Service:

CONTINUE

Enrollment and participation information must be submitted for each site claiming for the month.

15. Click on the site number.

Child and Adult Care Food Program (CACFP)  
List of Reimbursable Sites  
176803 - Menomonie Day Care Inc

Listed below is/are site(s) valid for claim reimbursement under the date claim and program selected. Select the site by clicking site number and provide/update participation information. Total sites enrollment must match total enrollment submitted on the parent claim for the claim to be submitted to DPI for processing.

Site No.	Site Name	Type of Site	Status
1828	Menomonie Day Care	Center-Child Care Inst. Day Ca	
1829	Menomonie Day Care Inc #2	Center-Child Care Inst. Day Ca	

Parent Total Enrollment	Site Total Enrollment	Claim Status
128	128	Complete

CONTINUE

Status:

- Site claim information submitted by agency.
- Site claim information not submitted by agency.



16. Enter the participation data for that site. The number(s) entered for each category per site must total the numbers entered for each category on the Participation Reimbursement Information Form – Parent Form. Enter “0” (zero) in the fields that do not apply. Click on “Save.”

Home [Enter/Modify Claim](#)

Child and Adult Care Food Program (CACFP)  
[Participation Reimbursement Information - Site Form]  
176803 - Menomonie Day Care Inc  
1828 - Menomonie Day Care (Center-Child Care Inst. Day Ca)

Program:

Claim Date:   
\*Do NOT use commas while entering numbers.

Non-Needy:

Reduced Price:

Free:

Total Number of Enrolled Children:

Member of ED or Conf. Person:

Breakfasts:

AM Snack:

Lunches:

PM Snack:

Supper:

Additional Snacks:

Optional for Extra Snacks/Supper:

Lunches 2nd:

Supper 2nd:

[Parent Form] [Site List]

17. The “List of Reimbursable Sites” Menu will reappear until the participation data is entered for each site. Repeat steps 14-15 for each site that is claiming. If a site is not claiming, do not enter any information for that site. Upon completion of all site information, click “Continue.”

Home [Enter/Modify Claim](#)

Child and Adult Care Food Program (CACFP)  
List of Reimbursable Sites  
176803 - Menomonie Day Care Inc

Listed below is/are site(s) valid for claim reimbursement under the date claim and program selected. Select the site by clicking site number and provide/update participation information. Total sites enrollment must match total enrollment submitted on the parent claim for the claim to be submitted to DPE for processing.

Site No.	Site Name	Type of Site	Status
1828	Menomonie Day Care	Center-Child Care Inst. Day Ca	<input type="button" value="v"/>
1829	Menomonie Day Care Inc #2	Center-Child Care Inst. Day Ca	<input type="button" value="v"/>

Parent Total Enrollment	Site Total Enrollment	Claim Status
128	56	InComplete

Status:  
 Site claim information submitted by agency.  
 Site claim information not submitted by agency.

18. 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.**

<b>Program</b>	Child Care Food Program (CCI)
<b>Claim Date:</b>	09/01/2008
Non-needy Category:	91
Reduced Category:	7
Free Category:	30
Total Number of Enrolled Children:	128
Number of Days of Service:	22

Total Breakfasts	Total AM Snack	Total Lunches	Total PM Snack	Total Suppers	Total Additional Snack	Total Lunches 2nd	Total Supper 2nd	Total Meals
975	0	1,279	0	0	0	0	0	2,254

Site No.	Non-Needy	Reduced Price	Free	Total Enrollment	Days Operating	ADA	Breakfasts	AM Snack	Lunches	Lunches 2nd	PM Snack	Suppers	Supper 2nd	Additional Snack
1828	28	3	7	38	21	31	555	0	607	0	0	0	0	0
1829	63	4	23	90	21	50	420	0	672	0	0	0	0	0

**[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 over claim and may result in the withholding of payments, suspension, or termination of the program. I understand that the information on this claim 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.

Preparer Name and Telephone No.:

19. 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, AS WELL AS THE SCREEN SHOWING THE REIMBURSABLE \$ AMOUNT FOR YOUR RECORDS.** Directions for printing the screen that show what was submitted along with the reimbursable \$ amount follow on the next page. **Keep copies of these two screens on file along with your handwritten claim and all CACFP supporting documentation.**

Community and School Nutrition Programs				
<a href="#">Home-Day Care</a>	<a href="#">School Nutrition Program</a>	<a href="#">Community Nutrition Program</a>	<a href="#">Summer Food Program</a>	<a href="#">Logout</a>
<a href="#">Home</a>	<a href="#">Enter-Modify Claim</a>			
<p>Your Child and Adult Care Food Program claim dated: 2008-09-01 was successfully submitted to DPI on Wed Nov 12 09:25:43 CST 2008. For your record and to see the Reimbursable \$ amount, you can print a copy of the recently submitted claim using 'View-Print' option under Community Nutrition Program.</p>				

## Viewing and Printing Claims

You can view and/or print claim(s) after it has been submitted to DPI via the “View-Print” Menu.

1. To obtain the **View/Print Screen**, select
  - a. Home,
  - b. Community Nutrition Program,
  - c. Claim Reimbursement,
  - d. Child and Adult Care Food Program,
  - e. View/Print Claim.

### Printing a Claim:

1. Select the Program (CCI or ADC) from the drop down list box,
2. Select Claim Month and Year from the drop down list box, and
3. Click the “Search” button.

If the claim is found for the given criteria, the claim and the date the claim was submitted will appear. Click on the words “New (paid)” under the “Claim Type” link to view or print the detailed claim

Home- Day Care | School Nutrition Program | Community Nutrition Program | Summer Food Program | Special Milk Program | Other Services | Logout

Home | Child and Adult Care Food Program | Enter-Modify Claim

Child and Adult Care Food Program  
[Select Program to Enter Participation Reimbursement Information]  
446806 - YMCA of the Fox Cities Inc

Select Program:   
Child Care Institution (CCI)  
Adult Day Care (ADC)

Home- Day Care | School Nutrition Program | Community Nutrition Program | Summer Food Program | Special Milk Program | Other Services | Logout

Home | Child and Adult Care Food Program | View-Print Claim

Child and Adult Care Food Program (CACFP)  
[View Participation Monthly Reimbursement Information]  
446806 - YMCA of the Fox Cities Inc

Select Program:   
Date Claim Month:  Year:

[Click Claim Type to View Claim ]

Home- Day Care | School Nutrition Program | Community Nutrition Program | Summer Food Program | Special Milk Program | Other Services | Logout

Home | Child and Adult Care Food Program | View-Print Claim

Child and Adult Care Food Program (CACFP)  
[View Participation Monthly Reimbursement Information]  
446806 - YMCA of the Fox Cities Inc

Select Program:   
Date Claim Month:  Year:

[Click Claim Type to View Claim ]

Claim Type	Date Submitted
New (Paid)	02/14/2012
	05/18/2012

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.

## Modifying a Claim

After entering a claim for reimbursement, agencies may modify their claim on-line until the time the claim is processed by DPI. Processing of claims at DPI is completed, in most cases, on Tuesday mornings. After a claim has been processed by DPI it CANNOT be modified on-line.

**Modifying On-Line:** Required method of modifying a claim that has NOT been processed. To modify on-line, simply follow the steps for entering a claim that begin on page 4 of this manual. The unprocessed claim will be available for selection on the Participation Reimbursement Information – Parent Form screen.

**Modifying After Claim has been Processed:** This method is required once the claim has been processed by DPI. For modifying a claim that has already been processed, print the claim by following directions in the *CACFP Internet Claim Manual* to “View/Print Claim.” Draw a line through any item that needs to be changed (e.g., number of meals, average daily attendance) and write in the correct number(s). Sign, date, and fax to Federal Aids and Audit section at 608/267-9207 or e-mail a scanned copy to [jacqueline.jordee@dpi.wi.gov](mailto:jacqueline.jordee@dpi.wi.gov).

## Contacts

If you have misplaced your password or wish to request a new password, please contact:

Primary Contact: Jacque Jordee at 608-267-9134; [jacqueline.jordee@dpi.wi.gov](mailto:jacqueline.jordee@dpi.wi.gov)  
Secondary Contact: Rick Fairchild at 608-266-6856; [richard.fairchild@dpi.wi.gov](mailto:richard.fairchild@dpi.wi.gov)  
Fiscal Fax: 608-267-9207

Jacque Jordee and Rick Fairchild can also assist you in completing the claim on-line if you are experiencing problems.