

# School Nutrition Programs Online Services Claim Manual

Revised August 2016

This manual illustrates how to enter, modify, view-print claims for the National School Lunch Program, School Breakfast Program, Special Milk Program, Afterschool Snack Program, Wisconsin School Day Milk Program, and the Elderly Nutrition Improvement Program.

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

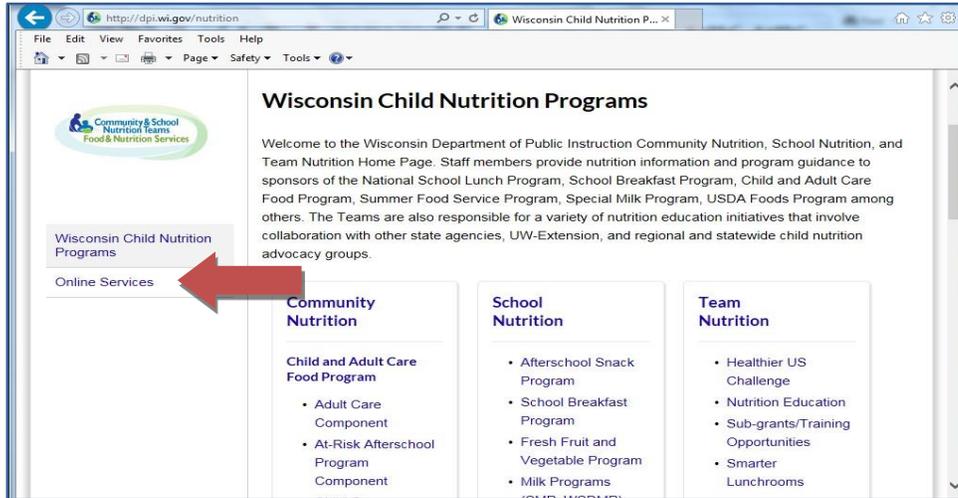


## Table of Contents

<b>Entering the Wisconsin Child Nutrition Programs Online Services</b> .....	3
How to Navigate Online Services .....	5
Information about Submitting Monthly Claims in Online Services .....	6
<b>National School Lunch Program (NSLP)</b> .....	7
Entering a NSLP Claim in Online Services .....	9
Entering a CEP NSLP Claim .....	10
Modifying a NSLP Unprocessed Claim .....	11
View-Print a NSLP Claim .....	12
How to Logout.....	13
<b>School Breakfast (SB) and SB Severe Need Programs</b> .....	14
Entering and Modifying a SB Program Claim .....	16
Entering a CEP Breakfast Claim .....	17
View-Print a SB Program Claim .....	18
How to Logout.....	19
<b>Afterschool Snack Program-Area Eligible (SK_NSLAE) and Non-Area Eligible (SK_NSL)</b> .....	20
Entering and Modifying an Afterschool Snack Program Claim .....	21
View-Print an Afterschool Snack Program Claim .....	23
How to Logout.....	25
<b>Special Milk Program (SMP)</b> .....	25
Entering a SMP Claim.....	27
View-Print a SMP Claim.....	28
How to Logout.....	29
Information about Submitting <b>Yearly</b> Claims in Online Services .....	30
<b>Wisconsin School Day Milk Program (WSDMP)</b> .....	30
Entering a WSDMP Claim .....	31
Modifying a WSDMP Claim.....	32
View-Print a WSDMP Claim.....	33
How to Logout.....	34
<b>Elderly Nutrition (EN) Improvement Program</b> .....	35
Entering an EN Improvement Program Claim .....	35
Modifying an EN Improvement Program Claim.....	37
View-Print an EN Improvement Program Claim .....	37
How to Logout.....	38
<b>Other Helpful Resources</b>	
Frequently Asked Questions .....	41
Appendix A Reporting PreK and K .....	42
Appendix B Required Edit Check.....	43
<b>Child and Adult Care Food Program (CACFP) Claim Manual</b>	
<a href="http://dpi.wi.gov/sites/default/files/imce/community-nutrition/pdf/cacfp_internet_claim_manual.pdf">http://dpi.wi.gov/sites/default/files/imce/community-nutrition/pdf/cacfp_internet_claim_manual.pdf</a>	
<b>School Nutrition Team (SNT) Contract Manual</b>	
<a href="http://dpi.wi.gov/sites/default/files/imce/school-nutrition/pdf/contract-manual.pdf">http://dpi.wi.gov/sites/default/files/imce/school-nutrition/pdf/contract-manual.pdf</a>	
<b>Summer Food Service Program (SFSP) claiming webpage</b>	
<a href="http://dpi.wi.gov/community-nutrition/sfsp/claiming-reimbursement">http://dpi.wi.gov/community-nutrition/sfsp/claiming-reimbursement</a>	

## Entering the Wisconsin Child Nutrition Programs Online Services

1. Go to the Wisconsin Department of Public Instruction (DPI) Child Nutrition Programs webpage <http://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 <http://dpi.wi.gov/nutrition/online-services>, there are different entry portals to access the online system. Click on *Online Services Log-in* button on the left column for submitting claims.



- 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 at that point.



The screenshot shows the login page for the Wisconsin Child Nutrition Programs On-line Services. At the top, there is a header with the Wisconsin Department of Public Instruction logo and name. Below the header, the text reads "Welcome to Wisconsin Child Nutrition Programs On-line Services". Underneath, there is a list of services: "Submit Claims for Home Sponsor, National School Lunch Program, School Breakfast Program, Summer Food Program, Child and Adult Care Food Program, Special Milk Program & Revise Programs Contracts Informations." In the center, there is a login form with a "LOG IN" button, "Agency Code" and "Password" input fields, and "Submit" and "Reset" buttons. To the left of the form is a graphic with a milk carton, a loaf of bread, and an apple, labeled "Community and School Nutrition PROGRAMS Wisconsin DPI".

- Enter your **agency code**. This is your six-digit agency code/number.
  - Do not use hyphens. Use only the numerals in the agency code.
  - Do not enter leading zeroes: For example, if your agency code is "012345", only enter "12345".
- Type in your agency-specific **password**; this is the password assigned to you by DPI for ordering USDA Foods, claiming reimbursement, and for contract purposes. If you have forgotten this password, please contact the Federal and State Grants Program at DPI at 608-267-9134.
- Click the *Submit* button. You may be asked if you want to save your password here. We recommend you do not.
- The *Reset* button will clear all data entered in fields so it may be re-entered.
- Time limit on entering data.** A timer starts from the time you login. If no activity occurs for 30 minutes, you will receive an error message and need to return to the main "Log In" screen. Any activity on a page at all will reset the 30-minute timer.

Once you are logged in, the menu of options will be at the top of the screen.



## How to Navigate Online Services



On this screen, you can choose on the yellow menu bar from the following menu options:

**Home Day Care:** This is for home day care providers only.

**School Nutrition Program:** This is for school agencies participating in School Nutrition Programs.

**Community Nutrition Program:** This is for agencies participating in the Child and Adult Care Food Program (CACFP).

**Summer Food Program:** This is for agencies participating in the Summer Food Service Program (SFSP).

**Special Milk Program:** This is for agencies (school or non-school) participating in the Special Milk Program.

**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. When you logout, you will need to re-enter your agency code and password to return to the Online Services website.

## Information about Submitting Monthly Claims in Online Services

- National School Lunch (NSL)
- School Breakfast (SB) / SB Severe Need (SBSEVERE)
- Afterschool Care Snack Program-Area Eligible (SK\_NSLAE) and Non-Area Eligible (SK\_NSL)
- Special Milk (SMP)

You have 60 days from the last day of the claiming month to submit claims. **A separate claim must be submitted for every month, even if the month consists of only one day of meal service to students.** All claims must be submitted electronically by accessing DPI School and Community Nutrition Online Services.

USDA requires the DPI to deny claims submitted more than 60 days after the end of the claiming month (e.g., September's claim must be submitted no later than November 29). DPI is allowed to approve one exception per 36-month (three-year) period to the 60-day claim submission deadline per program (NSL, SB, etc.).

All schools will receive their payment for reimbursement via electronic deposit. Instructions for how to view-print claims submitted for reimbursement that detail the amount that was/will be paid are included in this manual.

Before submitting, review the claim carefully to be sure it is complete and accurate.

Print a hard copy of all claims for your records to retain for three years plus the current year.

Below is the calendar of claim submitting deadlines.

Claiming Month	Last Day for Receipt/Postmark at DPI
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)

## National School Lunch Program (NSLP)

Prepare the following information before logging into the *Online Services* website.

### **Number of Students Approved for Free**

Enter the highest number of students who are approved for free meals during the claiming month, based on approved applications on file and/or through direct certification.

### **CEP Only Sites - Number of Students Approved for Free**

Enter the CEP site free claiming percentage X the total site enrollment.

### **CEP Sites + Non CEP Sites - Number Approved for Free**

Enter the highest number of students who are approved for free meals during the claiming month, based on approved applications on file and/or through direct certification for the non- CEP sites + the CEP site specific free claiming percentage X the total site specific enrollment for CEP sites.

### **Number of Students Approved for Reduced Price**

Enter the highest daily number of students who are approved for reduced price meals during the claiming month, based on approved applications on file.

- Free and reduced price eligibility from the prior school year, for returning students, may be used for the first 30 operating days of the new school year. See the USDA *Eligibility Guidance for School Meals Manual* (<http://dpi.wi.gov/sites/default/files/imce/school-nutrition/pdf/eligibility-manual-for-school-meals-july-2015.pdf>) for more information.

Note: If a student changes eligibility status during the month, this student is included in both eligibility categories. Also, if a student ate only one meal during the month and then transferred out of the school district, this student is included in the appropriate eligibility category.

### **Number of Schools/Sites Participating**

Enter the number of schools/sites serving lunches during the claiming month. The number must be consistent with the information submitted on Schedule A of the current online contract. Please refer to the SNT Contract Manual <http://dpi.wi.gov/sites/default/files/imce/school-nutrition/pdf/contract-manual.pdf> for further information about revising contract information.

### **Total Number of Days Operating**

Enter the highest number of days any school/site served lunches during the claiming month.

### **Enrollment**

Enter the number of enrolled students who had access to the NSLP during the claiming month. "Enrolled" children are those who have been 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 the Average Daily Attendance.

If you receive an error message that your total number of free, reduced, and paid student has exceeded your allowed total enrollment, please call the School Nutrition Team at 608-267-9228.

### **Average Daily Attendance (ADA)**

Enter the average daily attendance (ADA) for all schools/sites serving lunches. ADA can be calculated by dividing the total number of students in attendance each day for the claiming month by the total number of school days in the claiming month. If a monthly ADA is unavailable, use the yearly figure for ADA. The ADA calculated for the month cannot exceed the reported enrollment.

Do not include half-day kindergarten or pre-kindergarten students if they do not have access to the school lunch program. If you have excluded pre-kindergarten and/or kindergarten students from your NSLP “enrollment” number, exclude them from your ADA. If you have included pre-kindergarten and/or kindergarten students in your “enrollment” number, include them for your ADA. This figure is the number of students attending school who have access to the lunch program, not the number of students eating a lunch (participation). Refer to Appendix A for details on calculating ADA for pre-kindergarten/kindergarten students.

### **Free Student Meals**

Enter the total number of lunches served to students approved for free meals during the claiming month. Federal and state reimbursement is received for these and therefore must be supported by daily participation records that have been verified using an edit check procedure (Refer to Appendix B – Required Edit Check Procedure for School Lunch Program).

#### **CEP Free Student Meals**

Enter the total number of free CEP lunches served to students during the claiming month. (Refer to Appendix B – Required CEP Edit Check Procedure for School Lunch Program.) If you do not have CEP sites enter “0” in the CEP boxes.

### **Reduced Price Student Meals**

Enter the total number of lunches served to students approved for reduced price meals during the claiming month. As previously stated, federal and state reimbursement is received for these and therefore must be supported by daily participation records that have been verified using an edit check procedure.

### **Paid Student Meals**

Enter the total number of lunches served to paid students during the claiming month. As previously stated, federal and state reimbursement is received for these and therefore must be supported by daily participation records that have been verified using an edit check procedure.

#### **CEP Paid Student Meals**

Enter the total number of paid CEP lunches served to students during the claiming month. If you do not have CEP sites enter “0” in the CEP boxes.

### **Total Student Meals**

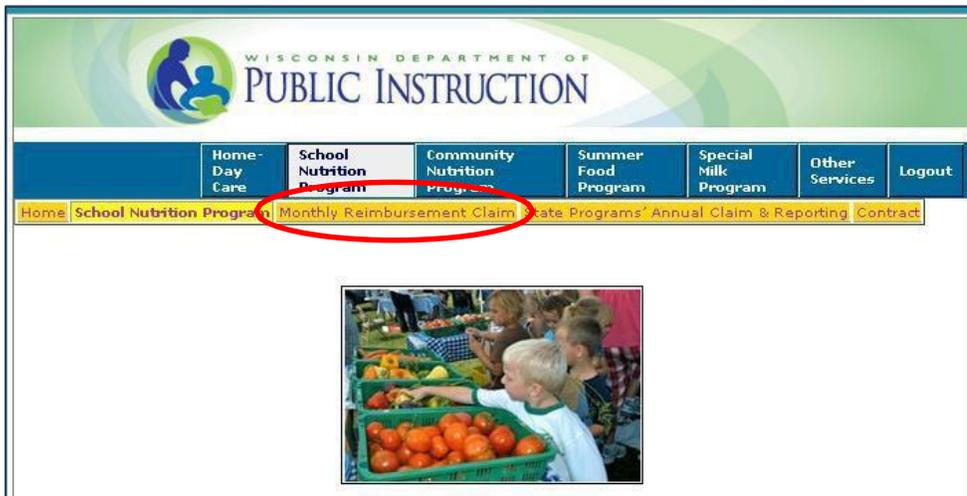
Enter the total number of student lunches served during the claiming month (free + reduced price+ paid). The total number of student lunches must equal the numbers claimed for the three types of student meals, or the claim will be rejected.

## Entering a NSLP Claim in Online Services

1. Once you have prepared your claim information and logged into Online Services, select *School Nutrition Program* from the menu bar.



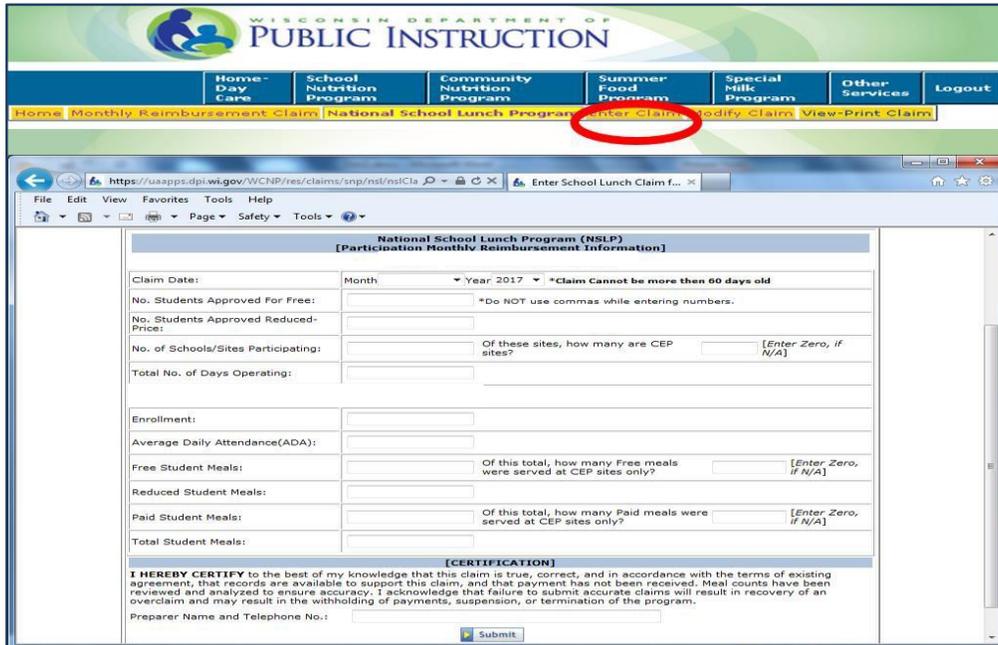
2. Select *Monthly Reimbursement Claim*



3. Select *National School Lunch Program*



- Select *Enter Claim* to enter a new claim for reimbursement. If the previous claim has been paid, the fields will be blank you can enter the information. Enter **participation data** on *Enter Claim* screen. Enter the month you are **claiming** for, not the month you are entering the claim in. (**Make sure to select the correct year**). When finished completing the claim, enter the preparer's name and telephone number. When the claim is completely filled out, click on the *Submit* button Enter "0" (zeros) in the fields that do not apply. Do NOT use commas when entering numbers.



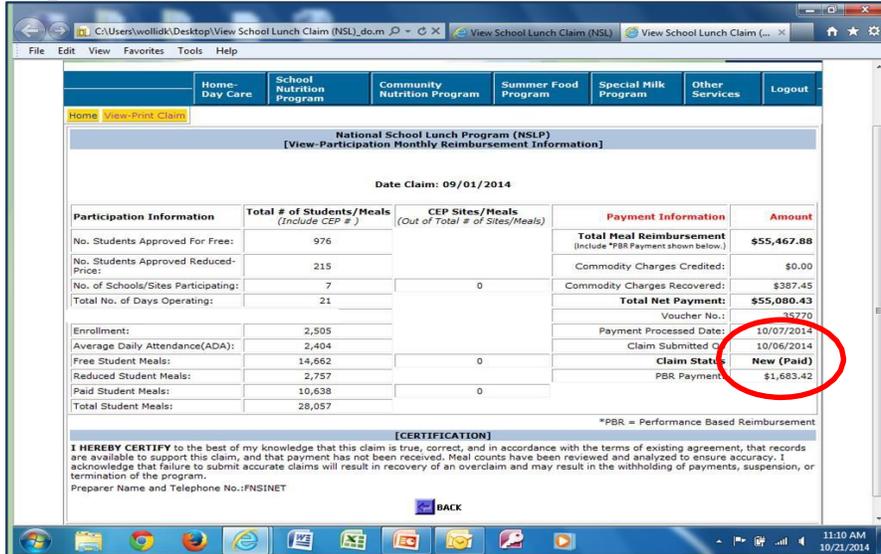
**Enter Community Eligible Provision (CEP) data in the boxes at the right side of the claim. If your agency does not participate in CEP, enter "0" in CEP boxes.**

Claim Date:	Month <input type="text" value="September"/> Year <input type="text" value="2015"/> *Claim Cannot be more than 60 days old
No. Students Approved For Free:	<input type="text" value="76"/> *Do NOT use commas while entering numbers.
No. Students Approved Reduced-Price:	<input type="text" value="0"/>
No. of Schools/Sites Participating:	<input type="text" value="1"/> Of these sites, how many are CEP sites? <input type="text" value="1"/> [Enter Zero, if N/A]
Total No. of Days Operating:	<input type="text" value="20"/>
Enrollment:	<input type="text" value="78"/>
Average Daily Attendance(ADA):	<input type="text" value="75"/>
Free Student Meals:	<input type="text" value="1373"/> Of this total, how many Free meals were served at CEP sites only? <input type="text" value="1373"/> [Enter Zero, if N/A]
Reduced Student Meals:	<input type="text" value="0"/>
Paid Student Meals:	<input type="text" value="25"/> Of this total, how many Paid meals were served at CEP sites only? <input type="text" value="25"/> [Enter Zero, if N/A]
Total Student Meals:	<input type="text" value="1398"/>
<b>[CERTIFICATION]</b>	
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.	
Preparer Name and Telephone No.:	<input type="text" value="deb 608-222-2222"/>
<input type="button" value="Submit"/>	

- After entering a claim for reimbursement, SFAs may modify the claim until the time the claim is processed by DPI. Processing of claims is completed weekly, in most cases on Tuesday mornings.

After a claim is in **Paid** status, it CANNOT be modified online. You must submit an amendment via fax or email; amendments cannot be submitted online. Enter the correction in a blank claim, but **do not** click submit. Print the page using your browser and log out. Submit corrected claim by fax or email to the attention of Jacqueline Jordee, fax 608-267-9207; email [Jacqueline.jordee@dpi.wi.gov](mailto:Jacqueline.jordee@dpi.wi.gov). If you have questions, contact Jacque at 608-267-9134.

**This claim is in paid status and cannot be modified in Online Services.**



## Modifying a NSLP Unprocessed Claim

- An unprocessed claim is a claim that is **not** in paid status.
- Select *Modify Claim* from the menu to modify a new **unpaid** claim for reimbursement.



After selecting the *Modify Claim* option, the website will show the unpaid claim for modification. All data is modifiable except the claim date. If no such claim is found, a relevant message will be displayed. When finished updating the claim, click on the *Submit* button at the bottom to submit the claim to DPI.

Wisconsin Department of Public Instruction  
Online School Nutrition Program Claim Manual

National School Lunch Program (NSLP) [Participation Monthly Reimbursement Information]	
Claim Date:	Month: <input type="text" value="September"/> Year: <input type="text" value="2015"/> *Claim Cannot be more than 60 days old
No. Students Approved For Free:	<input type="text" value="976"/> *Do NOT use commas while entering numbers.
No. Students Approved Reduced-Price:	<input type="text" value="215"/>
No. of Schools/Sites Participating:	<input type="text" value="7"/> Of these sites, how many are CEP sites? <input type="text" value="0"/> [Enter Zero, if N/A]
Total No. of Days Operating:	<input type="text" value="21"/>
Enrollment:	<input type="text" value="2505"/>
Average Daily Attendance(ADA):	<input type="text" value="2404"/>
Free Student Meals:	<input type="text" value="14662"/> Of this total, how many Free meals were served at CEP sites only? <input type="text" value="0"/> [Enter Zero, if N/A]
Reduced Student Meals:	<input type="text" value="2757"/>
Paid Student Meals:	<input type="text" value="10638"/> Of this total, how many Paid meals were served at CEP sites only? <input type="text" value="0"/> [Enter Zero, if N/A]
Total Student Meals:	<input type="text" value="28057"/> X
<b>[CERTIFICATION]</b>	
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.	

### View-Print a NSLP Claim

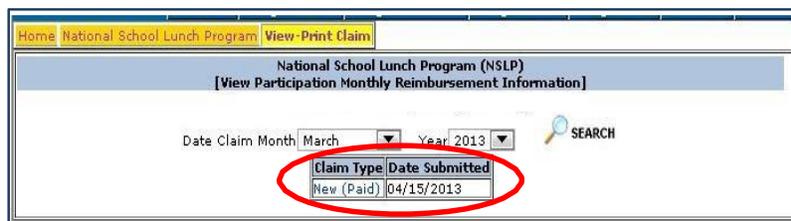
- Select *View-Print* to view and/or print a claim. A claim may be viewed and/or printed after it has been submitted to DPI. The claim does not have to be processed to be viewed.



- Select date claim month and year from the drop-down list box 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.



- This claim is not modifiable. You can print the claim by clicking the print button of your browser.  
 If required, use the *Back* button to view more claims.

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:	976			<b>Total Meal Reimbursement</b> (Include *PBR Payment shown below.)	<b>\$55,467.88</b>
No. Students Approved Reduced-Price:	215			Commodity Charges Credited:	\$0.00
No. of Schools/Sites Participating:	7	0		Commodity Charges Recovered:	\$387.45
Total No. of Days Operating:	21			<b>Total Net Payment:</b>	<b>\$55,080.43</b>
Enrollment:	2,505			Voucher No.:	35770
Average Daily Attendance(ADA):	2,404			Payment Processed Date:	10/07/2014
Free Student Meals:	14,662	0		Claim Submitted On:	10/06/2014
Reduced Student Meals:	2,757			<b>Claim Status</b>	<b>New (Paid)</b>
Paid Student Meals:	10,638	0		PBR Payment:	\$1,683.42
Total Student Meals:	28,057				

\*PBR = Performance Based Reimbursement

**[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.  
 Preparer Name and Telephone No.:FNSINET

[BACK](#)

## How to Logout

- Click the *Logout* tab on the menu to exit from the Online Services system

WISCONSIN DEPARTMENT OF  
**PUBLIC INSTRUCTION**

Home-Day Care	School Nutrition Program	Community Nutrition Program	Summer Food Program	Special Milk Program	Other Services	<b>Logout</b>
<a href="#">Home</a>	<a href="#">Monthly Reimbursement Claim</a>	<a href="#">National School Lunch Program</a>	<a href="#">Enter Claim</a>	<a href="#">Modify Claim</a>	<a href="#">View-Print Claim</a>	

## School Breakfast (SB) and SB Severe Need Programs

Sites for which breakfast meals are being claimed whether regular School Breakfast (*SB*) or School Breakfast Severe Need (*SB SEVERE NEED*) must be indicated on Schedule A of the current school year's online contract. If the contract does not indicate the SFA is sponsoring the School Breakfast Program in the appropriate category, your claim will not be processed. Access the online services and click on "Submit Contract" to amend the contract at any time to add or change the SB Program. All contract amendments must be approved before claiming. Please refer to the online contract manual <http://dpi.wi.gov/sites/default/files/imce/school-nutrition/pdf/contract-manual.pdf> for further information about revising contract information.

Prepare the following information before logging into the *Online Services* website.

### Number of Students Approved for Free

Enter the highest number of students who are approved for free meals during the claiming month, based on approved applications on file and/or through direct certification, in schools with SB and/or SB Severe Need.

### CEP Only Sites - Number of Students Approved for Free

Enter the CEP site free claiming percentage X the total site enrollment.

### CEP Sites + Non CEP Sites - Number Approved for Free

Enter the highest number of students who are approved for free meals during the claiming month, based on approved applications on file and/or through direct certification for the non- CEP sites + the CEP site specific free claiming percentage X the total site specific enrollment for the CEP sites.

### Number of Students Approved for Reduced Price

Enter the highest number of students who are approved for reduced price meals during any day of the claiming month, based on approved applications on file in schools with the SB and/or SB Severe Need Programs.

Note: If a student changes eligibility status during the month, this student should be included in both eligibility categories. Also, if a student only ate one meal during the month and then transferred out of the school district, this student should be included in the appropriate eligibility category.

### Number of Schools/Sites Participating

Enter the number of schools/sites serving breakfast during the claiming month. The number must be consistent with the information submitted on Schedule A of the current online contract.

### Total Number of Days Operating

Enter the highest number of days any school/site served breakfasts during the claiming month.

### Enrollment

Enter the number of enrolled students who had access to the SB and/or SB Severe Need Program(s) during the claiming month. Do not include half-day kindergarten and pre-

kindergarten students if they do not normally have access to the school breakfast program. "Third Friday" enrollment can be reported if monthly enrollment is not computed.

**Free Student Meals**

Enter the total number of free breakfasts served to students approved for free meals during the claiming month. Federal and state reimbursement is received for these breakfasts and therefore must be supported by daily participation records. (Refer to Appendix B – Required Edit Check Procedure for School Lunch Program).

**CEP Free Meals**

Enter the total number of free CEP breakfasts served to students during the claiming month. (Refer to Appendix B – Required CEP Edit Check Procedure for School Breakfast Program.) If you do not have CEP sites enter "0" in the CEP boxes.

**Reduced Price Student Meals**

Enter the total number of reduced price breakfasts served to students approved for reduced price meals during the claiming month. As previously stated, federal and state reimbursement is received for these breakfasts and therefore must be supported by daily participation records.

**Paid Student Meals**

Enter the total number of paid (non-needy) breakfasts served to students during the claiming month. As previously stated, federal and state reimbursement is received for these breakfasts and therefore must be supported by daily participation records.

**CEP Paid Meals**

Enter the total number of paid CEP breakfasts served to students during the claiming month. (Refer to Appendix B – Required CEP Edit Check Procedure for School Breakfast Program). If you do not have CEP sites enter "0" in the CEP boxes.

**Total Student Meals**

Enter the total number of student breakfasts served (free + reduced price + paid) during the claiming month. The total number of student breakfasts must equal the numbers claimed for the three types of student meals, or the claim will be rejected.

## Entering and Modifying a SB Program Claim

1. Once you have prepared your claim information and logged 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 or modify the previous month's claim.



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 SFA 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.**

- Once you have selected the type of Breakfast Program, you will be taken to the claim screen. If the previous claim has been paid, the fields will be blank, and you can enter the information. Enter **participation data** on *Enter Claim* screen. Please enter the month you are **claiming** for, not the month you are entering the claim in. (**Make sure to select the correct year**). When finished entering the number of meals served, enter the preparer's name and telephone number. When the claim is completely filled out, click on the "Submit" button. Enter "0" (zeros) in the fields that do not apply. Do NOT use commas when entering numbers.

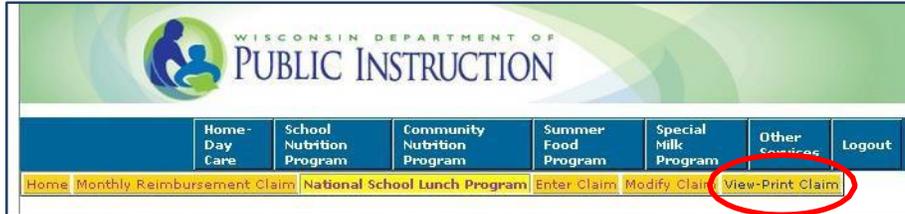
**Enter Community Eligible Provision (CEP) data in the boxes at the right side of the claim. If your agency does not participate in CEP, enter "0" in CEP boxes.**

- After entering a claim for reimbursement, SFAs may modify the claim until the time the claim is processed by DPI. Processing of claims is completed weekly, on Tuesday mornings.

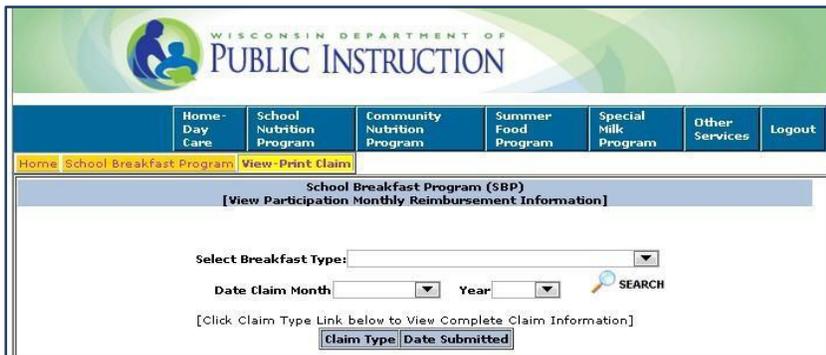
After a claim is in Paid status, it CANNOT be modified online. You must submit an amendment via fax or email; amendments cannot be submitted online. Enter the correction in a blank claim, but do not click submit. Print the page using your browser and submit this corrected claim by fax or email to the attention of Jacqueline Jordee, fax 608-267-9207; email [Jacqueline.jordee@dpi.wi.gov](mailto:Jacqueline.jordee@dpi.wi.gov). If you have questions, contact Jacque at 608-267-9134.

## View-Print a SB Program Claim

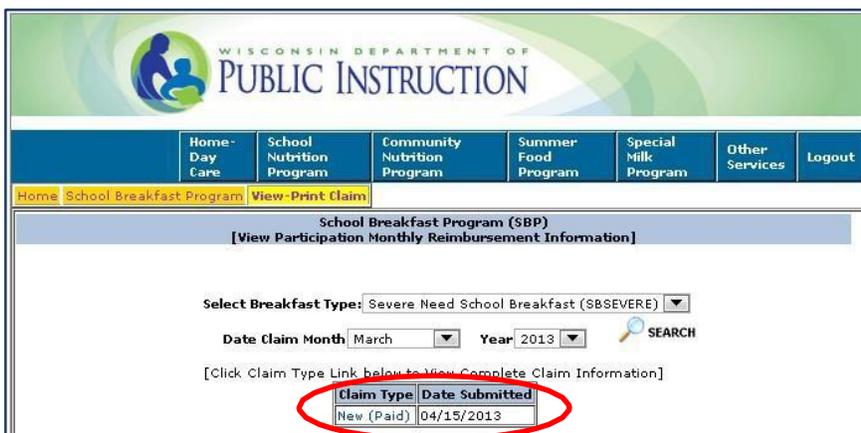
1. Select *View-Print Claim* to view and/or print a claim. A claim may be viewed and/or printed after it has been submitted to DPI. The claim does not have to be processed to be viewed.



2. Select the Breakfast type (Regular School Breakfast or Severe Need School Breakfast) from the drop down box. Select the date claim month and year from the drop down list box and click the *Search* button.



3. If a claim is found for the given criteria it will show up in the box below the *Claim Type*. Click the hyperlink to view the full claim information.



- This information is not modifiable. You can print the claim by clicking the print button of your browser. If required, use the *Back* button to view more claims.

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

Date Claim: 01/01/2015  
 Breakfast Type: Severe Need - [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:	1,673		<b>Total Meal Reimbursement</b>	<b>\$44,974.25</b>
No. Students Approved Reduced-Price:	307		Voucher No.:	36644
No. of Schools/Sites Participating:	7	0	Date Submitted:	03/03/2015
Total No. of Days Operating:	20		Date Processed:	03/03/2015
Enrollment:	4,222		Date Paid:	03/16/2015
Free Student Meals:	17,472	0	Claim Status	New (Paid)
Reduced Student Meals:	3,375			
Paid Student Meals:	20,543	0		
Total Student Meals:	41,390			

**[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.

Preparer Name and Telephone No.: Jeanne Hopkins 715-394-8700 ext. 212

[BACK](#)

### How to Logout

- Click the *Logout* tab on the menu to exit from the Online Services system.

WISCONSIN DEPARTMENT OF  
**PUBLIC INSTRUCTION**

Home- Day Care	School Nutrition Program	Community Nutrition Program	Summer Food Program	Special Milk Program	Other Services	<b>Logout</b>
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Home | Monthly Reimbursement Claim | National School Lunch Program | Enter Claim | Modify Claim | View-Print Claim

## Afterschool Snack Program

Access the appropriate screen on the School and RCCI Reimbursement Claims menu. The “Snacks (SK\_NSL)” is for sites that are not “area eligible” and the “Snacks-Area Eligible (SK- NSLAE)” is for sites that are “area eligible”. 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. These sites are eligible to receive reimbursement at the free rate for snacks served to all children participating in an approved Afterschool Program for snacks, regardless of each individual participant’s eligibility for free or reduced price meals.

For afterschool snacks at sites that are not area eligible, reimbursement is based on the individual eligibility of the children.

Per SP 45-2015 page 23 #79, CEP schools that are area eligible claim all snacks at the free reimbursement rate. A CEP school is area eligible if (1) at least 50 percent of students are free or reduced price eligible (school’s individual ISP is at least 32.5 percent), or (2) 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 with. 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.

***Sites for which afterschool snacks are being claimed must be indicated on Schedule A of the current school year’s approved online contract. If the contract does not indicate the SFA is sponsoring the Afterschool Snack Program, your claim will not be processed. A contract amendment can be entered at any time to add or modify an Afterschool Snack Program.***

### **Number of Students Approved for Free**

For sites that are not area eligible, enter the highest number of students participating in the afterschool snack program who are approved for free meals during the claiming month, based on approved applications on file and/or through direct certification.

### **Number of Students Approved for Reduced Price**

For sites that are not area eligible, enter the highest number of students participating in the afterschool snack program who are approved for reduced price meals during the claiming month, based on approved applications on file.

### **Number of Schools/Sites Participating**

Enter the number of afterschool snack schools serving snacks during the claiming month. The number must be consistent with the information submitted on Schedule A of the current contract.

### **Total Number of Days Operating**

Enter the highest number of days any afterschool snack schools served snacks during the month.

### Average Daily Attendance (ADA)

Enter the average daily attendance (ADA) for the claiming month based on the totals from all afterschool snack schools combined. These boxes are for the number of students **attending** the *afterschool snack schools*, **not** the number of students eating snacks.

### Free Student Meals

Enter the total number of free snacks served to eligible participants. For area eligible snack *schools*, **all snacks served to children are claimed here**.

### Reduced Price Student Meals

Enter the total number of reduced price snacks served to children approved for reduced price meals during the claiming month.

### Paid Meals

Enter the total number of paid (non-needy) snacks served to children during the claiming month.

### Total Student Meals

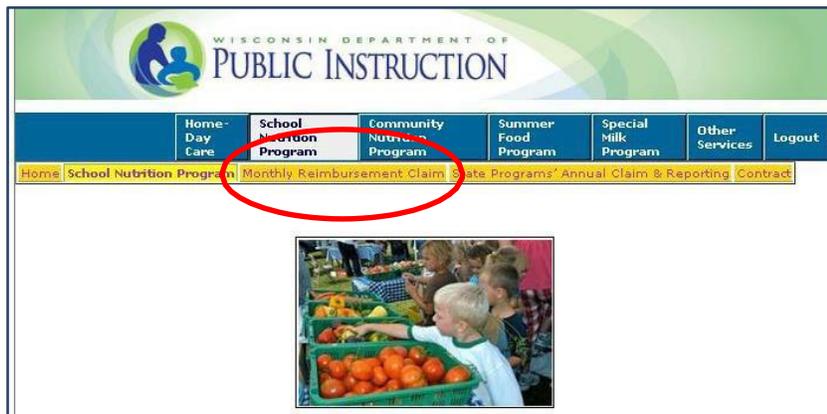
Enter the total number of snacks served (Free + Reduced Price + Paid) to eligible participants during the claiming month. If the total number of snacks does not equal what has been entered for the three types of student snacks, the claim will be rejected.

## Entering and Modifying an Afterschool Snack Program Claim

1. Once you have prepared your claim information and logged into Online Services, select *School Nutrition Program* from the menu bar.



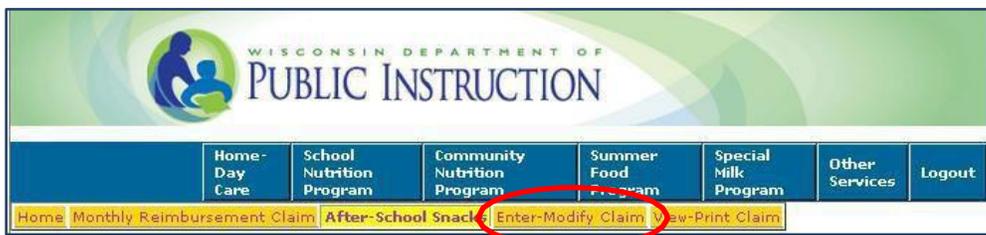
2. Select *Monthly Reimbursement Claim*.



3. Select *Afterschool Snacks* or *Afterschool Snacks Area Eligible* depending on which program you are entering a claim for. ***If your SFA 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 Snacks.***



4. Select *Enter-Modify Claim* to enter a new claim for reimbursement or modify the previous month's claim.



5. After entering a claim for reimbursement, SFAs may modify the claim until the time the claim is processed by DPI. Processing of claims is completed weekly, in most cases on Tuesday mornings.

After a claim is in Paid status, it CANNOT be modified online. You must submit an amendment via fax or email; amendments cannot be submitted online. Enter the correction in a blank claim, but do not click submit. Print the page using your browser and log out. Submit this corrected claim by fax or email to the attention of Jacqueline Jordee, fax 608-267-9207; email [Jacqueline.jordee@dpi.wi.gov](mailto:Jacqueline.jordee@dpi.wi.gov). If you have questions, contact Jacque at 608-267-9134.

 A screenshot of the 'After School Snacks Area Eligible Program (SK\_NSLAE) [Participation Monthly Reimbursement Information]' form. The form is titled 'After School Snacks Area Eligible Program (SK\_NSLAE) [Participation Monthly Reimbursement Information]'. It contains several input fields:
 

- Claim Date: Month (dropdown menu set to 'May'), Year (dropdown menu set to '2013'), and a note: '\*Claim Cannot be more than 60 days old'.
- No. of Schools/Sites Participating: 11. A note below this field says '\*Do NOT use commas while entering numbers.'
- Total No. of Days Operating: 22.
- Average Daily Attendance(ADA): 403.
- Free Student Meals: 8856.

 Below the input fields is a section titled '[CERTIFICATION]' with the following text:
 

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.

 Below the certification text is a field for 'Preparer Name and Telephone No.' and a 'Submit' button.

- If the previous month's claim for reimbursement has been processed, the fields will be blank and you can enter the information. Enter **participation data** on *Enter Claim* screen. Please enter the month you are **claiming** for, not the month you are entering the claim in (**make sure to select the correct year**). When finished entering the number of meals served, enter the preparer's name and telephone number. When the claim is complete, click on the *Submit* button. Enter "0" (zeros) in the fields that do not apply. **Do NOT use commas when entering numbers.**

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

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

Home | After-School Snacks | Enter-Modify Claim

After School Snacks Program (SK\_NSL)  
[Participation Monthly Reimbursement Information]

Claim Date:	Month: <input type="text"/>	Year: 2017	*Claim Cannot be more than 60 days old
No. Students Approved For Free:	*Do NOT use commas while entering numbers.		
No. Students Approved Reduced-Price:	<input type="text"/>		
No. of Schools/Sites Participating:	<input type="text"/>		
NonReimbursable Meals:	<input type="text"/>		
Average Daily Attendance(ADA):	<input type="text"/>		
Free Student Meals:	<input type="text"/>		
Reduced Student Meals:	<input type="text"/>		
Paid Student Meals:	<input type="text"/>		
Total Student Meals:	<input type="text"/>		

**[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.  
Preparer Name and Telephone No.:

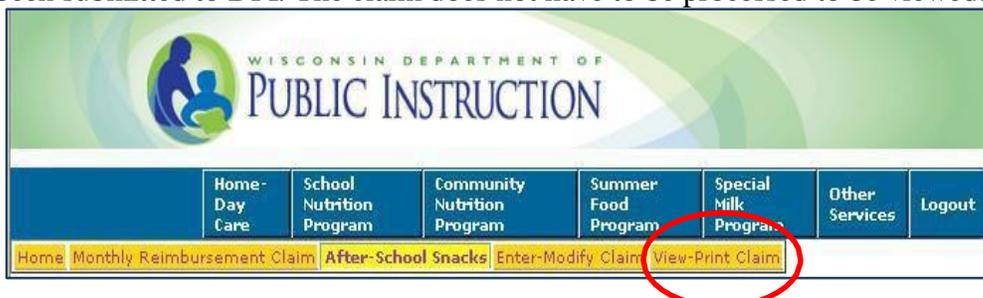
Submit

## View-Print an Afterschool Snack Program Claim

- Select from the menu bar, which snack program you want to view-print a claim for, *Afterschool Snacks* or *Afterschool Snacks Area Eligible*. **If your SFA has schools that are in Afterschool Snacks and Afterschool Snacks Area Eligible, you will need to do this process for each program, one for Afterschool Snacks and one for Area Eligible Snacks.**



- Select *View-Print Claim* to view/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.



- Select the date claim month and year from the drop down list box and click the Search button.

- If a claim is found for the given criteria it will show up in the box below the *Claim Type*. Click the hyperlink to view the full claim information.

- This information is not modifiable. You can print the claim by clicking the print button of your browser. If required, use the *Back* button to view more claims.

Participation Information		# of Students/Meals	Payment Information		Amount
No. of Schools/Sites Participating:		11	<b>Total Meal Reimbursement</b>		<b>\$3,008.10</b>
Total No. of Days Operating:		21	Voucher No.:		86183
Average Daily Attendance(ADA):		8,286	Payment Processed Date:		06/14/2011
Free Student Meals:		4,065	Claim Submitted On		06/07/2011
			<b>Claim Status</b>		<b>New (Paid)</b>

**[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.  
 Preparer Name and Telephone No.: Susan Blanz, 920-391-2565

[BACK](#)

## How to Logout

1. Click the *Logout* tab on the menu to exit from the Online Services system



## Special Milk Program

USDA's Special Milk Program may be claimed for any students who do not have access to the School Lunch or Breakfast Programs. This would be for "all students" if the SFA is **Special Milk Only**. If Special Milk is claimed at sites that also serve breakfast or lunch, those claims may only be for half-day (split session) students that do not have access to lunch or breakfast. Milk served as a component of the reimbursable NSL and SB is not claimed here. Do not claim milk served in the Wisconsin School Day Milk Program or sold a la carte.

Sites for which milk served under this program are being claimed must be indicated on Schedule A of the current school year's online contract. If the contract does not indicate the SFA is sponsoring the Special Milk Program, your claim will not be processed. A contract amendment may be made at any time to add or modify the Special Milk program.

Prepare the following information before logging into the *Online Services* website.

### Number of Sites/Schools Participating

Enter the number of schools serving half-day kindergarten/pre-kindergarten SMP milk during the claiming month. The number must be consistent with the information submitted on Schedule A of the current online contract and must only include schools that have programs where students have **no access** to the School Breakfast or the School Lunch Programs.

### Total Number of Days Operating

Enter the highest number of days any of the above schools served milk during the claiming month.

### Cost Per Half Pint

Enter the school agency's actual cost per half-pint of milk, carried to four decimal places (e.g., \$.2348). **To determine the cost per half-pint**, divide the total dollar cost of all milk purchased during the claiming month by the number of half-pints of milk purchased. This box **must** be completed.

Note: The USDA established reimbursement rate is the maximum amount you will receive per half pint. If the per half-pint cost is less than this rate for milk, your school agency will be reimbursed at the lower amount per half pint.

### Free Milk

This box is for schools with a **pricing program who have chosen the free milk option** on the contract. Enter the total number of half-pints or half-pint equivalents of milk served free to students who are approved for free milk. *Under a pricing program with the free milk option, milk is provided free to students from households which meet the family size income criteria, are categorically eligible, or have been matched on a direct certification run, and milk is sold under a separate charge to non-eligible children.*

### Paid Milk

**Non-pricing programs** (those who provide milk free to all students) and **pricing programs without the free milk option**, enter the total number of half-pints of milk served to students (not adults) during the claiming month. **Pricing programs with the free milk option**, enter the number of half-pints of milk served during the month to students who do not qualify for free milk.

- The SMP has no limit on the number of half-pints of milk that can be served to students per day, but documentation of milk served, obtained at the point of service (not dairy invoices) must be available to support the number of milks claimed.
- Schools may not submit the number of half-pints of milk served to adults, including staff, and to non-enrolled children. The half-pints served to adults or non-enrolled students are not reimbursable by USDA.

## Entering a SMP Claim

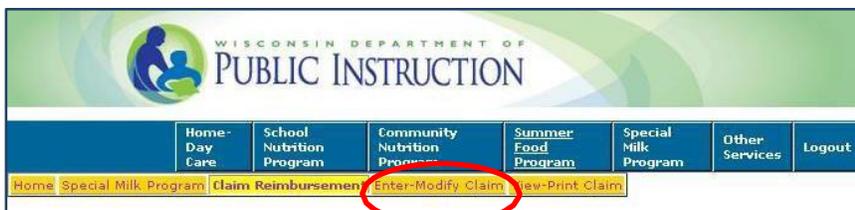
1. Once you have prepared your claim information and logged into Online Services, select *Special Milk Program* from the menu bar.



2. Select *Claim Reimbursement*.



3. Select *Enter-Modify Claim* to enter a new claim for reimbursement or modify the previous month's claim if it has not yet been paid.



- After entering a claim for reimbursement, SFAs may modify the claim until the time the claim is processed by DPI. Processing of claims is completed weekly, in most cases on Tuesday mornings.

After a claim is in Paid status, it CANNOT be modified online. You must submit an amendment via fax or email; amendments cannot be submitted online. Enter the correction in a blank claim, but do not click submit. Print the page using your browser and log out. Submit this corrected claim by fax or email to the attention of Jacqueline Jordee, fax 608-267-9207; email [Jacqueline.jordee@dpi.wi.gov](mailto:Jacqueline.jordee@dpi.wi.gov). If you have questions, contact Jacque at 608-267-9134.

The screenshot shows the 'Special Milk Program (SMP) [Participation Monthly Reimbursement Information]' form. The form contains the following fields:

Claim Date:	Month May	Year 2013	*Claim Cannot be more than 60 days old
No. of Schools/Sites Participating:	1		
Total No. of Days Operating:	16		
Cost Per 1/2 Pint:	0.2176	[Enter in the format of 0.000 No (\$ sign allowed)]	
Free Milk:	0	*Do NOT use commas while entering numbers.	
Paid Milk:	3048		

**[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.  
Preparer Name and Telephone No.:

- If the previous month's claim for reimbursement has been processed, the fields will be blank and you can enter the information. Enter **participation data** on *Enter Claim* screen. Please enter the month you are **claiming** for, not the month you are entering the claim in (**make sure to select the correct year**). When finished entering the number of milks served, enter the preparer's name and telephone number. When the claim is completely filled out, click on the *Submit* button. Enter "0" (zeros) in the fields that do not apply. Do NOT use commas when entering numbers.

The screenshot shows the Wisconsin Department of Public Instruction website. The navigation menu includes: Home-Day Care, School Nutrition Program, Community Nutrition Program, Summer Food Program, Special Milk Program, Other Services, and Logout. The breadcrumb trail is: Home > Claim Reimbursement > Enter-Modify Claim.

**Special Milk Program (SMP)**  
**[Participation Monthly Reimbursement Information]**

Claim Date:	Month <input type="text"/> ▼ Year 2017 ▼	*Claim Cannot be more than 60 days old
No. of Schools/Sites Participating:	<input type="text"/>	
Total No. of Days Operating:	<input type="text"/>	
Cost Per 1/2 Pint:	<input type="text"/> [Enter in the format of 0.000 No (\$) sign allowed]	
Free Milk:	<input type="text"/> *Do NOT use commas while entering numbers.	
Paid Milk:	<input type="text"/>	

**[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.  
Preparer Name and Telephone No.:

### View-Print a SMP 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.

The screenshot shows the Wisconsin Department of Public Instruction website. The navigation menu includes: Home-Day Care, School Nutrition Program, Community Nutrition Program, Summer Food Program, Special Milk Program, Other Services, and Logout. The breadcrumb trail is: Home > Special Milk Program > Claim Reimbursement > Enter-Modify Claim > View-Print Claim. The 'View-Print Claim' link is circled in red.

2. Select the date claim month and year from the drop down list box and click *Search*.

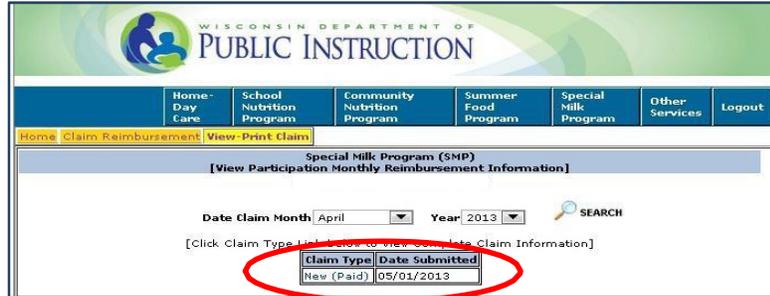
The screenshot shows the Wisconsin Department of Public Instruction website. The navigation menu includes: Home-Day Care, School Nutrition Program, Community Nutrition Program, Summer Food Program, Special Milk Program, Other Services, and Logout. The breadcrumb trail is: Home > Claim Reimbursement > View-Print Claim.

**Special Milk Program (SMP)**  
**[View Participation Monthly Reimbursement Information]**

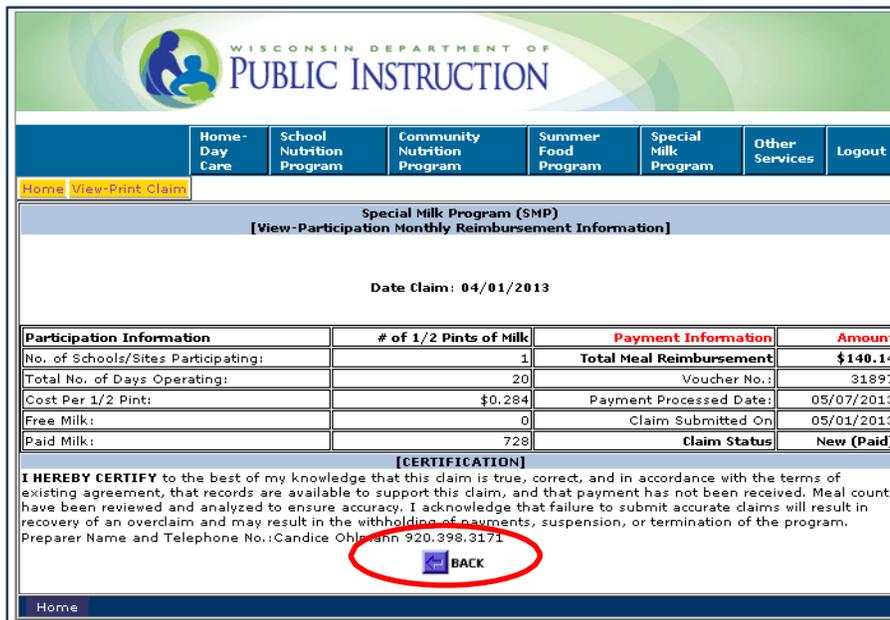
Date Claim Month  ▼ Year  ▼

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

- 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.



- This information is not modifiable. You can print the claim by clicking the print button of your browser. If required, use the *Back* button to view more claims.



## How to Logout

- Click the Logout tab on the menu to exit from the Online Services system.



## Information about Submitting Yearly Claims in Online Services

- Wisconsin School Day Milk (WSDMP)
- Elderly Nutrition (EN) Programs

WSDMP and the EN are yearly claims and must be submitted via DPI Online Services by August 31 annually.

### Wisconsin School Day Milk Program (WSDMP)

The WSDMP was created by the Wisconsin Legislature to reimburse schools for the milk (juice) served at a milk break to pre-kindergarten through grade 5 students who are eligible for free or reduced price meals. Only one half-pint of milk (or daily unit of juice) may be claimed per eligible student per school day. By state law, no charge can be made to students who are eligible for free/reduced price meals, who receive milk/juice under the WSDMP. Milk/juice served to (paid) students at the milk break in grades pre-K through 5, and students in grades 6-12, is not eligible for reimbursement. If milk served to students is claimed under the federal SMP, it may not be claimed under the WSDMP.

A claim for juice can be made only if it was served as a substitute for milk to an eligible student, with written documentation on file from a physician that the individual student's condition prohibits the consumption of milk.

*Public Schools Using Wisconsin Uniform Financial Accounting Requirements (WUFAR):* The WSDMP has been assigned Revenue Source Code 617, Program/Project Code 544. Sites for which milk is being claimed under this program must be indicated on Schedule A of the current school year's approved contract. If the contract does not indicate the SFA is sponsoring the WSDMP, your claim will not be processed. A base paper contract must be submitted to DPI when adding WSDMP to your contract for the first time.

Prepare the following information before logging into the *Online Services* website.

#### **Milk Served to Free – Reduced Students**

Enter the total number of half-pints of milk served during milk break to eligible free and reduced price students during the entire July 1-June 30 school year. *Claims must be supported by daily participation records on file.*

#### **Juice Served to Free – Reduced Students**

Enter total number of substitute juice units served during milk break to eligible free and reduced price students during entire July 1-June 30 school year.

#### **Schools Cost Per Half Pint of Milk**

Enter your school's cost (to four decimal places) per half-pint of WSDMP milk. Documentation must be maintained to support this reported cost. This cost will be multiplied by the number of half-pints of milk reported in box 83 to obtain your school's claimed amount of state WSDMP aid, before prorating (if necessary) the annual aid payment. Consider a reasonable amount for this

program. For example, if your school serves only 1% milk for the milk break, your cost per half-pint of 1% milk is more reasonable than the average cost per half-pint of all types of milk served as a component of the *NSL* program.

### School's Cost Per Unit of Juice

Enter your school's cost (to four decimal places) per unit for WSDMP substitute juice.

### Preparer Name and Telephone Number

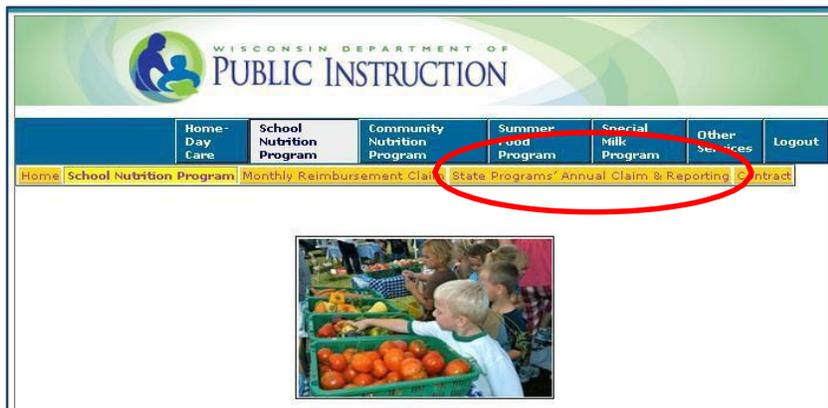
Enter the name of the person who enters the claim and phone number where they can be reached if there are questions.

## Entering a WSDMP Claim

1. Once you have prepared your claim information and logged into Online Services, select *School Nutrition Program* from the menu bar.



2. Select *State Programs' Annual Claim & Reporting*.



3. Select *Wisconsin School Day Milk Program* from the menu bar.



4. Select *Enter Claim* from the menu bar.



5. Enter **participation data** on *Enter Claim* screen. Because this is an annual claim, the only month option is June. Please select the correct year. When finished entering the information, enter the preparer's name and telephone number. When the claim is completely filled out, click on the *Submit* button. Enter "0" (zeros) in the fields that do not apply. *Do NOT use commas when entering numbers.*

The image displays the 'Annual Wisconsin School Day Milk Program Pre-K to Grade 5 [Participation Reimbursement Information]' form. At the top, it has the same navigation bar as the previous screenshot. The form itself is titled 'Annual Wisconsin School Day Milk Program Pre-K to Grade 5 [Participation Reimbursement Information]'. It contains a 'Claim Date' section with dropdown menus for 'Month' and 'Year' (set to 2017). Below this is a note: '\*Do NOT use commas while entering numbers.' and a red warning: 'May not claim milk served during lunch and breakfast.' There are four input fields for: 'Milk Served to Free - Reduced Students:', 'Juice Served to Free - Reduced Students:', 'School's Cost per 1/2 Pint of Milk:', and 'School's Cost Per Unit of Juice:'. A blue 'Submit' button is at the bottom. A 'CERTIFICATION' section follows, containing a paragraph of text and a field for 'Preparer Name and Telephone No.:'.

## Modifying a WSDMP Claim

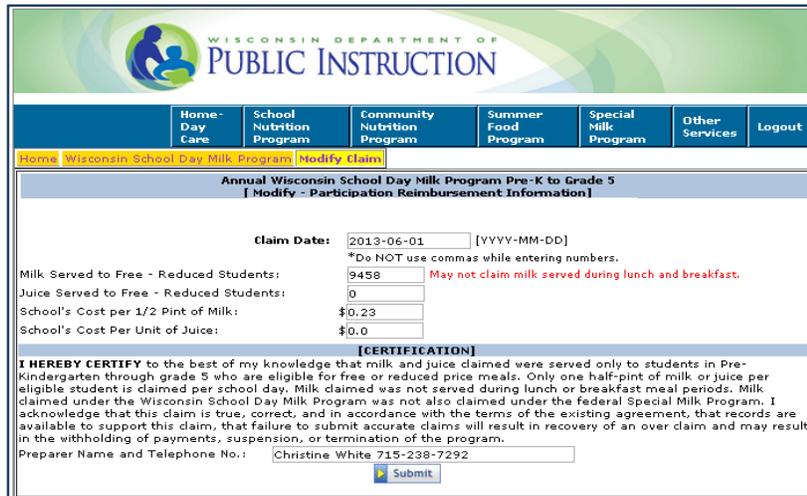
1. Select *Modify Claim* from the menu bar.



2. After entering a claim for reimbursement, SFAs may modify the claim until the time the claim is processed by DPI. Processing of claims is completed weekly, in most cases on Tuesday mornings.

After a claim is in Paid status, it CANNOT be modified online. You must submit an amendment via fax or email; amendments cannot be submitted online. Enter the correction in a blank claim,

but do not click submit. Print the page using your browser and log out. Submit this corrected claim by fax or email to the attention of Jacqueline Jordee, fax 608-267-9207; email [Jacqueline.jordee@dpi.wi.gov](mailto:Jacqueline.jordee@dpi.wi.gov). If you have questions, contact Jacque at 608-267-9134.



### View-Print a WSDMP Claim

1. Select *View-Print Claim* from the menu bar. 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 date claim month (June) and year from the drop down list box and click the *Search* button.



- If a claim is found for the given criteria it will appear below the Claim Type. Click the hyperlink to view the full claim information.

Home Wisconsin School Day Milk Program View-Print Claim

Annual Wisconsin School Day Milk Program Pre-K to Grade 5  
[ View - Participation Reimbursement Information ]

Date Claim Month: June Year: 2012 SEARCH

Claim Type	Date Submitted
New (Paid)	02/21/2013

- This information is not modifiable. You can print the claim by clicking the print button of your browser. If required, use the *Back* button to view more claims.

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

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

Home View-Print Claim

Annual Wisconsin School Day Milk Program Pre-K to Grade 5  
[ View - Participation Reimbursement Information ]

Date Claim: 06/01/2012

Participation Information	# of Students/Costs	Payment Information	Amount
Milk Served to Free - Reduced Students:	96,283	Payment Based on Meals	\$17,562.01
Juice Served to Free - Reduced Students:	0	Actual Amount Paid	\$7,324.32
School's Cost per 1/2 Pint of Milk:	\$0.1824	Voucher No.:	31460
School's Cost Per Unit of Juice:	\$0.0	Payment Processed Date:	02/26/2013
		Claim Submitted On	10/01/2012
		Claim Status	New (Paid)

[CERTIFICATION]

I HEREBY CERTIFY to the best of my knowledge that milk and juice claimed were served only to students in Pre-Kindergarten through grade 5 who are eligible for free or reduced price meals. Only one half-pint of milk or juice per eligible student is claimed per school day. Milk claimed was not served during lunch or breakfast meal periods. Milk claimed under the Wisconsin School Day Milk Program was not also claimed under the federal Special Milk Program. I acknowledge that this claim is true, correct, and in accordance with the terms of the existing agreement, that records are available to support this claim, 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.  
Preparer Name and Telephone No.:Cindy Gossett 262-359-7767

BACK

## How to Logout

- Click the Logout tab on the menu to exit from the Online Services system.

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

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

Home Monthly Reimbursement Claim National School Lunch Program Enter Claim Modify Claim View-Print Claim

## Elderly Nutrition (EN) Improvement Program

The EN program was created by the Wisconsin Legislature to subsidize schools who wish to serve a noontime meal to the community's elderly citizens. The state's EN program reimburses school sponsors for 15 percent of the actual annual cost of serving an EN lunch, to a maximum of 50 cents per meal. Since the state aid amount is based on claimed cost, it is important that you report an accurate cost amount. Only persons 60 years of age or older, and their spouses of any age, are eligible for this program.

*Public Schools Using WUFAR:* We require that the EN Program be operated under Fund 50. EN has been assigned Revenue Source Code 617, Program/Project Code 545. The annual revenues and expenditures must be reported in the *A la Carte, WSDMP, SMP, EN* column on the annual financial report.

Sites for which meals are being claimed must be indicated on Schedule A of the current school year's approved online contract. If the online contract does not indicate the SFA is sponsoring the EN Program, your claim will not be processed. We also need a paper based contract for you to add the program to your SFA.

### Total Lunches

Enter the total number of EN lunches served to the eligible elderly during the July 1-June 30 school year.

### Total Expenditures

Enter your SFA's total expenditures for the EN Program for the July 1-June 30 school year.

### Preparer Name and Telephone Number

Enter the name of the person who enters the claim and phone number where they can be reached if there are questions.

## Entering an EN Improvement Program Claim

1. Select School Nutrition Program from the menu bar.



2. Select *State Programs' Annual Claim & Reporting*.

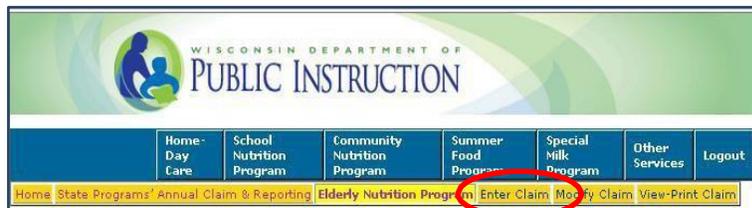
Wisconsin Department of Public Instruction  
Online School Nutrition Program Claim Manual



3. Select *Elderly Nutrition Program* from the menu bar.



4. Select *Enter Claim* from the menu bar.



5. Enter **total lunches served** on *Enter Claim* screen, as well as **total expenditures**. Because this is an annual claim, the only month option is June. Please select the correct year. When finished entering the information, enter the preparer's name and telephone number. When the claim is completely filled out, click on the "Submit" button. Enter "0" (zeros) in the fields that do not apply. *Do NOT use commas when entering numbers.*

The screenshot shows the 'Enter Claim' screen for the Annual Elderly Nutrition Program. The form includes the following fields and sections:

- Claim Date:** Month:  Year: 2017
- Total Lunches:**  \*Do NOT use commas while entering numbers.
- Total Expenditures:** \$
- [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.
- Preparer Name and Telephone No.:**
- Submit** button

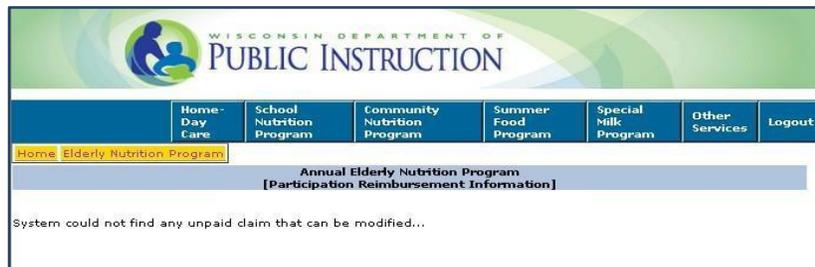
## Modifying an EN Improvement Program Claim

6. Select *Modify Claim* from the menu bar.



After entering a claim for reimbursement, SFAs may modify the claim until the time the claim is processed by DPI. Processing of claims is completed weekly, in most cases on Tuesday mornings.

After a claim is in Paid status, it CANNOT be modified online. You must submit an amendment via fax or email; amendments cannot be submitted online. Enter the correction in a blank claim, but do not click submit. Print the page using your browser and log out. Submit this corrected claim by fax or email to the attention of Jacqueline Jordee, fax 608-267-9207; email [Jacqueline.jordee@dpi.wi.gov](mailto:Jacqueline.jordee@dpi.wi.gov). If you have questions, contact Jacque at 608-267-9134

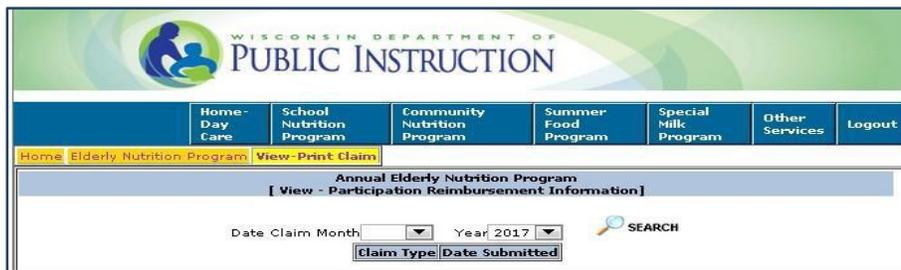


## View-Print an EN Improvement Program Claim

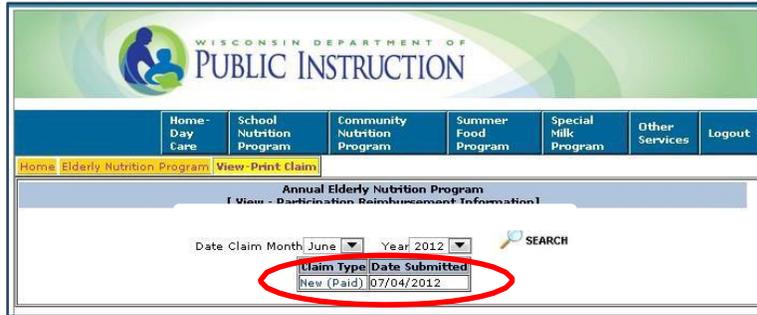
1. Select *View-Print Claim* from the menu bar. A claim may be viewed and/or printed after it has been submitted to DPI. The claim does not have to be processed to be viewed.



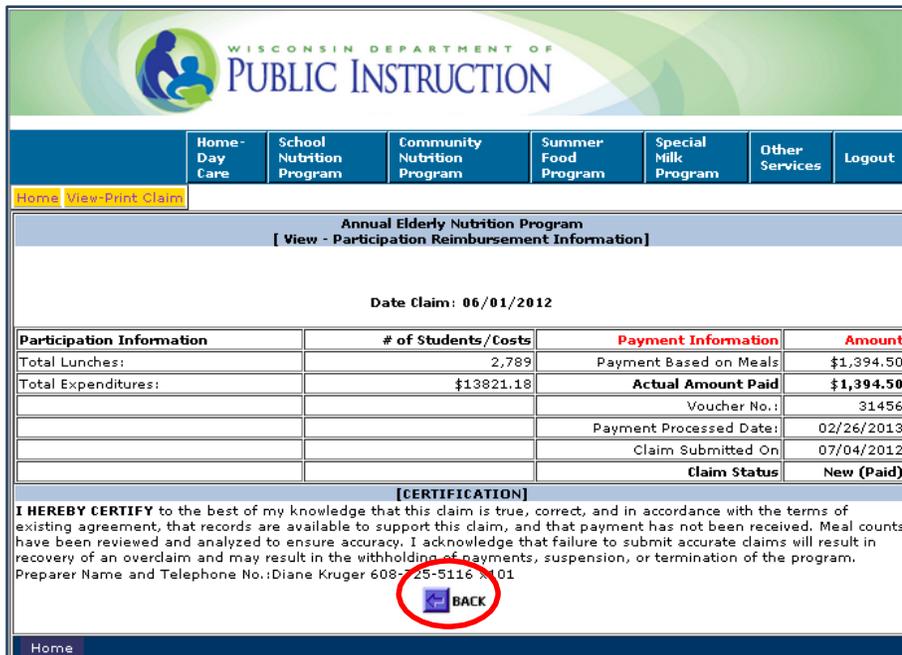
2. Select the date claim month (June) and year from the drop down list box and click the *Search* button.



- If a claim is found for the given criteria, it will appear below *Claim Type*. Click the hyperlink to view the full claim information.



- This information is not modifiable. You can print the claim by clicking the print button of your browser. If required, use the “Back” button to view more claims.



## How to Logout

- Click the *Logout* tab on the menu to exit from the Online Services system.



## Frequently Asked Questions

### 1. Claims Due – When?

Claims are due within SIXTY DAYS of the last day of the claiming month.

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

Yes. 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. Other than processing times, 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, e.g., total meals for month cannot exceed enrollment times days operating. If you think you have valid data and the Internet site will not accept it, please call Jacqueline Jordee at 608-267-9134. If necessary, a paper claim may need to be submitted in some instances.

### 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 can NOT be modified online. You will need to submit a paper claim as an amendment by fax or email.

### 5. Can’t Get into 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.

## Contacts

Contact names and phone numbers on this page are for questions relating directly to the entering of claims or data in Online Services. Please direct your questions to the Primary Contact first, then to the Secondary Contact (only if the Primary Contact cannot be reached).

### PLEASE HAVE THE ANSWERS TO THE FOLLOWING 4 QUESTIONS AVAILABLE FOR THE CONTACT PERSON:

1. What is your agency code/agreement number?
2. What program are you entering a claim for? (Example: “NSLP”)
3. What screen are you looking at? (Example: “1<sup>st</sup> entry screen”, “Printing screen”, etc.)
4. What page in this manual are you looking at?

#### **Primary Contact**

608-267-9134

Jacqueline Jordee, Accountant

[Jacqueline.jordee@dpi.wi.gov](mailto:Jacqueline.jordee@dpi.wi.gov)

#### **Secondary Contact**

608-266-6856

Richard Fairchild, Accountant

[Richard.fairchild@dpi.wi.gov](mailto:Richard.fairchild@dpi.wi.gov)

## **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 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.
  1. 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.

<u>Date of Service</u>	<u>Days of Service</u>	<u>Enrollment</u>	<u>Daily Attendance</u>
Mon 10/5	1	300	285
Tues 10/6	2	275	265
Wed 10/7	3	300	286
Thu 10/8	4	275	264
Fri 10/9	5	300	287
Mon 10/12	6	300	288
Tues 10/13	7	275	262
Wed 10/14	8	300	283
Thurs 10/15	9	275	264
Fri 10/16	<u>10</u>	<u>300</u>	<u>284</u>
<b>Totals</b>	<b>10</b>	<b>2900</b>	<b>2768</b>

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.

If you have any questions concerning the reporting of pre-kindergartners/kindergartners in your school, please contact **School Nutrition Programs** at (608) 267-9228.

## 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 percentage of students in attendance and is not the percentage of students participating in the school lunch program.

Note: The attendance factor must be calculated at least once each school year but may 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 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:  $230 \div 239 = .962$

	Highest # Of Students Approved in Month		Attendance Factor (average daily attendance ÷ school enrollment)	=	Highest # Of Lunches Expected for Any Serving 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, 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 OF \_\_\_\_\_

SCHOOL \_\_\_\_\_

DAY OF SERVICE	Date	LUNCH			BREAKFAST <sup>1</sup>		
		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							
<b>TOTALS</b>							

**REQUIRED EDIT CHECK FOR SCHOOL LUNCH PROGRAM**

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

Wisconsin Department of Public Instruction  
Online School Nutrition Program Claim Manual

**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. <sup>1</sup>

Name of School:				Month and Year:	
Day	Number Reimbursable Breakfasts Served <sup>1</sup>	Number Non-Reimbursable Breakfasts Served <sup>2</sup>	Number Reimbursable Lunches Served	Number Non-Reimbursable Lunches Served <sup>2</sup>	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					
<b>Total</b>	0	0	0	0	
Highest Daily Enrollment for This Month:	Attendance Factor			Attendance-Adjusted Enrollment	0
<b>Compare Attendance-Adjusted Enrollment to Daily Meal Count</b>					
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				

$$\begin{array}{c}
 \underline{295} \\
 \text{Highest Daily} \\
 \text{Enrollment}
 \end{array}
 \times
 \begin{array}{c}
 \underline{.915} \\
 \text{Attendance Factor}
 \end{array}
 =
 \begin{array}{c}
 \underline{269.93 \text{ or } 270} \\
 \text{Attendance- Adjusted} \\
 \text{Enrollment}
 \end{array}$$
  

$$\begin{array}{c}
 \underline{270} \\
 \text{Attendance-Adjusted} \\
 \text{Enrollment}
 \end{array}
 \text{ Compared to }
 \begin{array}{c}
 \underline{\hspace{2cm}} \\
 \text{Daily Meal Count}
 \end{array}$$

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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