

# Site-based Online Claims Manual

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

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## About Submitting Monthly Child Nutrition Claims

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

### Deadlines

To be entitled to reimbursement, a claim preparer for each agency must submit a monthly claim for reimbursement that provides data in sufficient detail to justify the reimbursement claimed. An authorized agent or district official of the agency must certify and submit the claim.

### 60 Calendar Day Cut-off Deadlines for Submitting Reimbursement Claims

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

| Claiming Month | Last Day for Submitting in Online Services or Receipt/Postmark at DPI |
|----------------|---|
| January        | April 1<br>(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<br>(February 29 on leap years)                                |

In the event that the 60<sup>th</sup> day falls on a Saturday, Sunday, or federal holiday, the claim is due on the next business day. If you are submitting a claim under this situation, you will not be able to submit your claim online. Instead, you need to submit a paper copy of the claim. Please plan ahead to avoid paper claim submissions. Instructions for submitting paper claims are on the SNT Claiming webpage [dpi.wi.gov/school-nutrition/claiming](https://dpi.wi.gov/school-nutrition/claiming).

### **Late Claims**

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

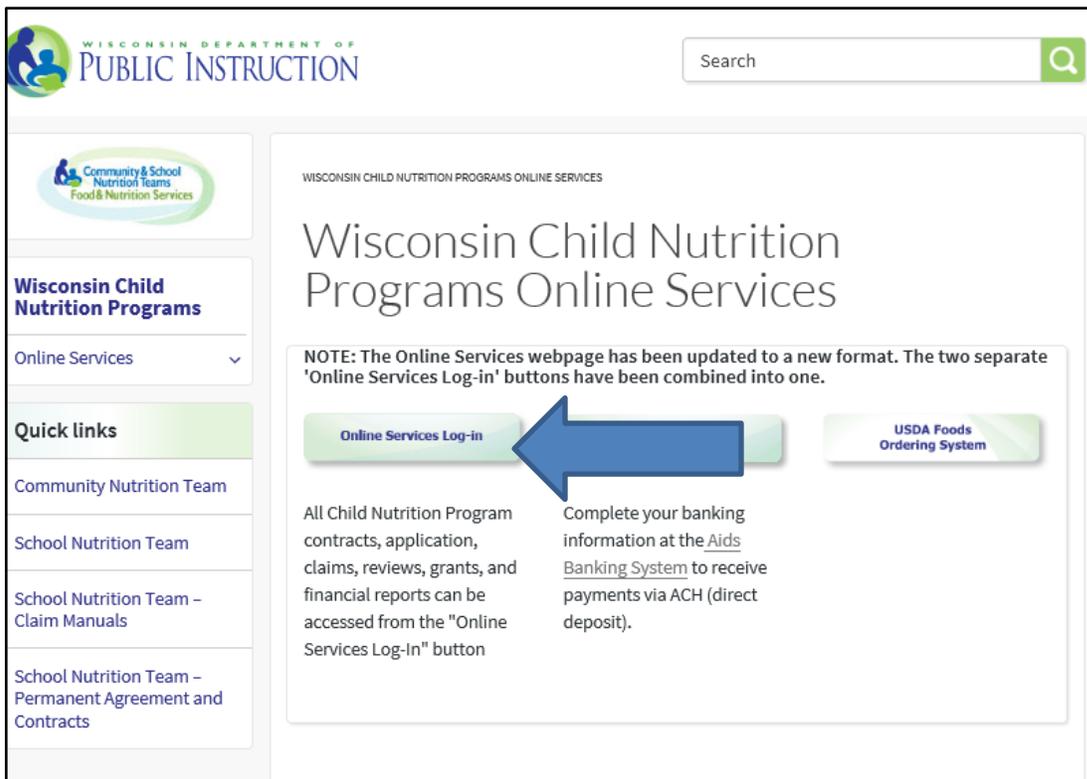
Please plan ahead to avoid paper claim submissions. Instructions for submitting paper claims are on the SNT Claiming webpage [dpi.wi.gov/school-nutrition/claiming](https://dpi.wi.gov/school-nutrition/claiming).

## Entering the Wisconsin Child Nutrition Programs Online Services

1. Go to the DPI Child Nutrition Programs webpage [dpi.wi.gov/nutrition](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 [dpi.wi.gov/nutrition/online-services](http://dpi.wi.gov/nutrition/online-services), click on *Online Services Log-in* button for submitting claims. Bookmark this page as a favorite!



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



The screenshot shows the login page for the Wisconsin Department of Public Instruction's Child Nutrition Programs. At the top left is the Wisconsin Department of Public Instruction logo. The main heading is "Wisconsin Child Nutrition Programs". Below this is a welcome message: "Welcome to the Wisconsin Department of Public Instruction Community and School Nutrition Programs Online Services." The central part of the page features a login box with a logo on the left showing a milk carton, a glass of milk, and an apple, with the text "Community and School Nutrition PROGRAMS WISCONSIN DPI". To the right of the logo is a button labeled "Online Services Log-in". Below the button are two input fields: "Agency Code" and "Password", followed by a "Submit" button. At the bottom of the login box, there is a warning: "Please do not bookmark this log-in webpage".

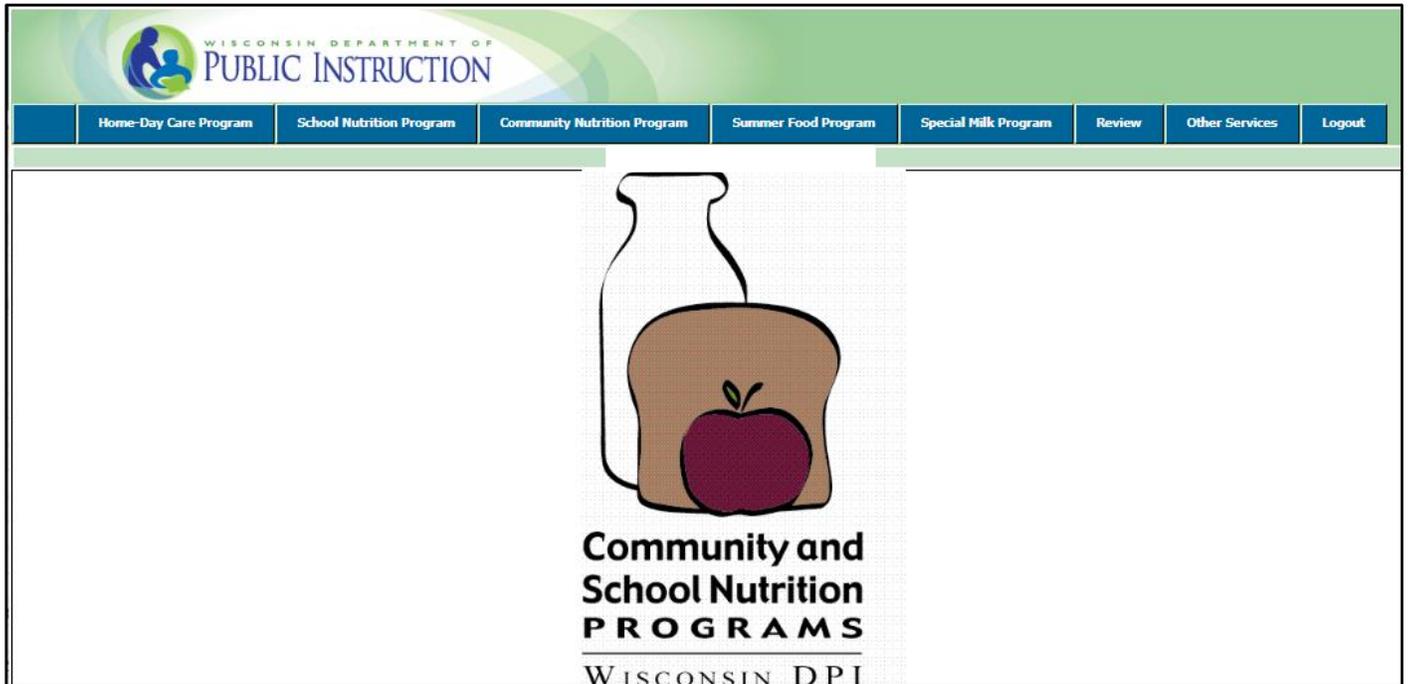
**Do not bookmark this webpage.** If you wish to bookmark, please go back to Step 2 and bookmark that page.

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

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

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

You are now logged in to Child Nutrition Online Services.



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

- Home-Day Care: For home day care providers only.
- **School Nutrition Program: For school agencies participating in School Nutrition Programs.**
- Community Nutrition Program: For agencies participating in the Child and Adult Care Food Program (CACFP).
- Summer Food Program: For agencies participating in the Summer Food Service Program (SFSP).
- Special Milk Program: For agencies (school or non-school) participating in the Special Milk Program.
- Review: For CACFP users.
- Other Services: This button links to the DUNS number entry page for agencies new to the DPI Child Nutrition Programs.
- Log Out: This is where you can click, at any page on the website, to log out of your account. Be sure to click Logout every time you exit the online claiming portal.

## National School Lunch Program (NSLP)

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



2. Select *Monthly Reimbursement Claim*



3. Select *National School Lunch Program*



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



- You are now on the claim screen. First, select the **month** for which you are claiming and the **correct year** from the drop-down boxes.
- Then, click on “**Template File**.”

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

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

**[Upload Site(s) Claim Information]**

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

**Selected File :**

**UPLOAD**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

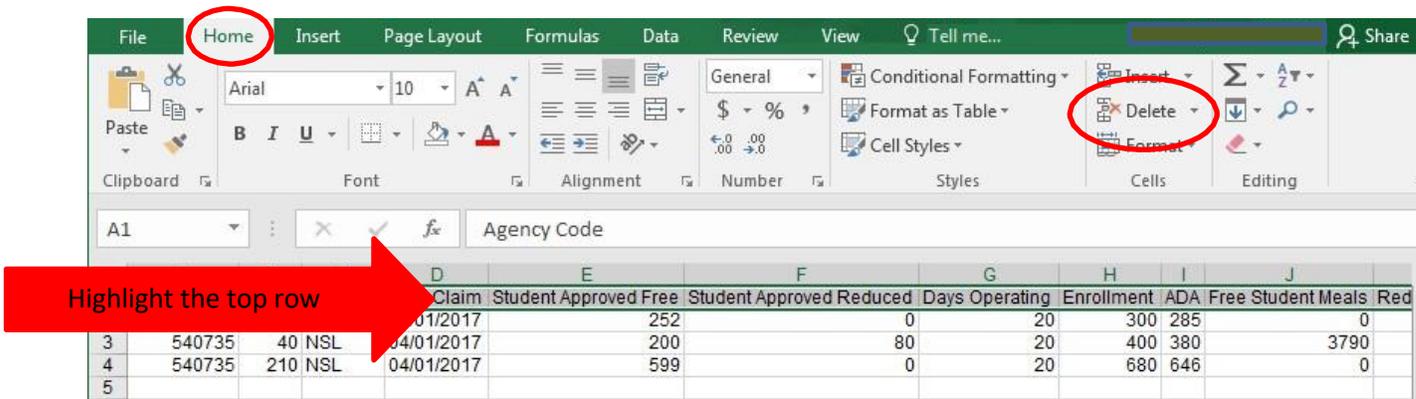
15. **Paid Student Meals** - Enter the number of lunches served to paid students at each **NON-CEP** site during the claiming month. *Since site 40 is the only non-CEP site, only the paid meals served at that site are entered in this column.*

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

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

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

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



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

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

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



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

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

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

Date Claim Month  Year

**[Upload Site(s) Claim Information]**

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

Selected File :

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

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

**List of uploaded NSL Claim Site(s)**

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




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

**List of Verified NSL Claim Site(s)**

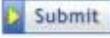
| School Code | Student Approved Free | Student Approved Reduced | Days Operating | ADA | Enrollment | Free Student Meals (1) | Reduced Student Meals (2) | Paid Student Meals (3) | CEP Free % (4) | CEP Paid % (5) | Total CEP Meals(6) | Total Student Meals (1+2+3) |
|-------------|-----------------------|--------------------------|----------------|-----|---------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

**Note :**

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




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

|   |   |
|---|---|
| <a href="#">Home</a> <a href="#">Modify Claim</a>   |   |
| <b>National School Lunch Program (NSLP)</b><br><b>[Participation Monthly Reimbursement Information]</b>   |   |
| Claim Date:   | 2017-04-01  |
| No. Students Approved For Free:   | 1051 <small>*Do NOT use commas while entering numbers.</small>  |
| No. Students Approved Reduced-Price:  | 80  |
| No. of Schools/Sites Participating:   | 3 Of these sites, how many are CEP sites? 2 <small>[Enter Zero, if N/A]</small>                                   |
| Total No. of Days Operating:  | 20  |
| Enrollment:   | 1380  |
| Average Daily Attendance(ADA):  | 1311  |
| Free Student Meals:   | 18133 Of this total, how many Free meals were served at CEP sites only? 14343 <small>[Enter Zero, if N/A]</small> |
| Reduced Student Meals:  | 1510  |
| Paid Student Meals:   | 6277 Of this total, how many Paid meals were served at CEP sites only? 4277 <small>[Enter Zero, if N/A]</small>   |
| Total Student Meals:  | 25920   |
| <b>[CERTIFICATION]</b>  |   |
| <p><b>I HEREBY CERTIFY</b> to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.</p> |   |
| First Name  | <input type="text"/>  |
| Last Name   | <input type="text"/>  |
| Phone Number  | <input type="text"/> <input type="text"/> <input type="text"/>  |
| Extension   | <input type="text"/>  |
|    |   |

## View-Print a NSLP Claim

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



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



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

| Date Claim: 04/01/2017                 |  |  |  |            |                     |                    |                       |                    |                |                |                 |
|--|--|--|--|------------|---------------------|--------------------|-----------------------|--------------------|----------------|----------------|-----------------|
| Participation Information              | Total # of Students/Meals<br>(Include CEP #) | CEP Sites/Meals<br>(Out of Total # of Sites/Meals) | Payment Information  |            | Amount              |                    |                       |                    |                |                |                 |
| No. Students Approved For Free:        | 178  |  | <b>Total Meal Reimbursement</b><br>(Include *PBR Payment shown below.) |            | <b>\$4,383.66</b>   |                    |                       |                    |                |                |                 |
| No. Students Approved Reduced-Price:   | 10   |  | Commodity Charges Credited:  |            | \$0.00              |                    |                       |                    |                |                |                 |
| No. of Schools/Sites Participating:    | 3  | 2  | Commodity Charges Recovered:   |            | \$0.00              |                    |                       |                    |                |                |                 |
| Total No. of Days Operating:           | 20   |  | <b>Total Net Payment:</b>  |            | <b>\$4,383.66</b>   |                    |                       |                    |                |                |                 |
| Enrollment:                            | 300  |  | Voucher No.:   |            | 19773               |                    |                       |                    |                |                |                 |
| Average Daily Attendance(ADA):         | 270  |  | Date Submitted:  |            | 05/30/2017          |                    |                       |                    |                |                |                 |
| Free Student Meals:                    | 1,181  | 831  | Date Processed:  |            |                     |                    |                       |                    |                |                |                 |
| Reduced Student Meals:                 | 100  |  | Date Paid:   |            |                     |                    |                       |                    |                |                |                 |
| Paid Student Meals:                    | 719  | 219  | <b>Claim Status</b>  |            | <b>New (Unpaid)</b> |                    |                       |                    |                |                |                 |
| Total Student Meals:                   | 2,000  |  | PBR Payment:   |            | \$120.00            |                    |                       |                    |                |                |                 |
| *PBR = Performance Based Reimbursement |  |  |  |            |                     |                    |                       |                    |                |                |                 |
| List of Verified NSL Claim Site(s)     |  |  |  |            |                     |                    |                       |                    |                |                |                 |
| School Code                            | Student Approved Free                        | Student Approved Reduced                           | Days Operating   | Enrollment | ADA                 | Free Student Meals | Reduced Student Meals | Paid Student Meals | CEP Free % (4) | CEP Paid % (5) | Total CEP Meals |
| 20                                     | 84   | 0  | 20   | 100        | 95                  | 461                | 0                     | 89                 | 83.9           | 16.1           | 550             |
| 40                                     | 20   | 10   | 20   | 100        | 90                  | 350                | 100                   | 500                | 0.0            | 0.0            | 0               |
| 210                                    | 74   | 0  | 20   | 100        | 85                  | 370                | 0                     | 130                | 74.0           | 26.0           | 500             |

## Modifying a NSL Unpaid Claim

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

|                                      |   |   |
|--------------------------------------|---|---|
| Claim Date:                          | <input type="text" value="2017-04-01"/> | [YYYY-MM-DD]  |
| No. Students Approved For Free:      | <input type="text" value="178"/>        | *Do NOT use commas while entering numbers.  |
| No. Students Approved Reduced-Price: | <input type="text" value="10"/>         |   |
| No. of Schools/Sites Participating:  | <input type="text" value="3"/>          | Of these sites, how many are CEP sites? <input type="text" value="2"/> [Enter Zero, if N/A]                             |
| Total No. of Days Operating:         | <input type="text" value="20"/>         |   |
| Enrollment:                          | <input type="text" value="300"/>        |   |
| Average Daily Attendance(ADA):       | <input type="text" value="270"/>        |   |
| Free Student Meals:                  | <input type="text" value="1181"/>       | Of this total, how many Free meals were served at CEP sites only? <input type="text" value="831"/> [Enter Zero, if N/A] |
| Reduced Student Meals:               | <input type="text" value="100"/>        |   |
| Paid Student Meals:                  | <input type="text" value="719"/>        | Of this total, how many Paid meals were served at CEP sites only? <input type="text" value="219"/> [Enter Zero, if N/A] |
| Total Student Meals:                 | <input type="text" value="2000"/>       |   |

**[Confirmation]**

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

 **NEXT**

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

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

**Upload Site(s) Claim Information**

Date Claim Month  Year

**[Upload Site(s) Claim Information]**

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

Selected File :

 **UPLOAD**

If your claim is in "Paid" status, the claim CANNOT be modified online. You must submit a Claim Adjustment via email to the attention of Jacqueline Jordee, email [Jacqueline.jordee@dpi.wi.gov](mailto:Jacqueline.jordee@dpi.wi.gov). See "Submitting a Claim Adjustment" in this manual.

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

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



2. Select *Monthly Reimbursement Claim*.



3. Select *School Breakfast Program*.



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



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



6. You are now on the claim screen. First, select the **month** for which you are claiming and the **correct year** from the drop-down boxes.
7. Then, click on “**Template File.**”

Template File to enter claim data and upload above.' The 'Template File' link is circled in red." data-bbox="102 552 861 850"/>

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8. An excel spreadsheet will appear with all sites in your agency that serve severe need breakfast listed by school code. (School codes are on Schedule A of your school’s on-line contract.) **Note: Average Daily Attendance (ADA) will be left at 0 since we do not collect ADA data for breakfast claims.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

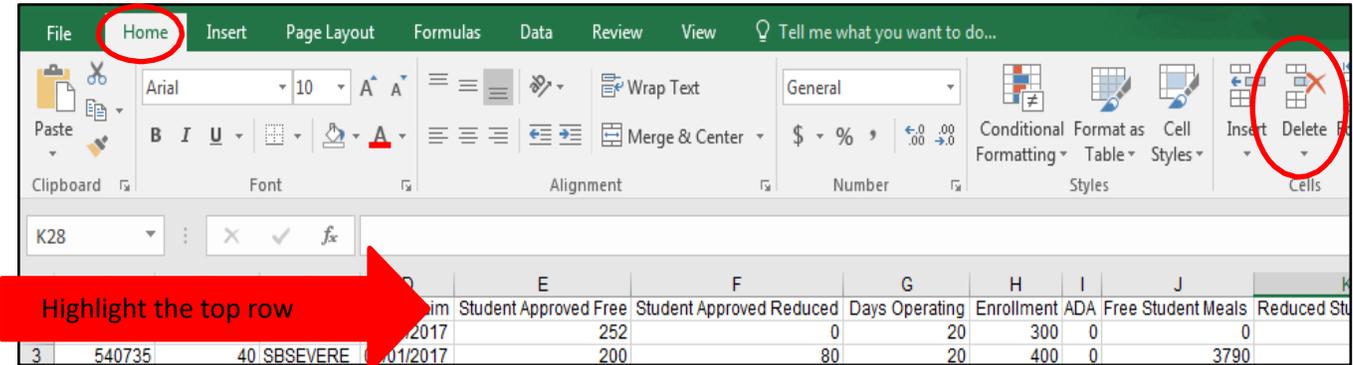
15. **Paid Student Meals** - Enter the number of severe need breakfasts served to paid students at each **NON-CEP** site during the claiming month. *Since site 40 is the only non-CEP site, only the paid severe need breakfasts served at that site are entered in this column.*

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

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

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

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



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

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

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



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

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

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

**Breakfast Type: Severe Need School Breakfast (SBSEVERE)**

Date Claim Month  Year

**[Upload Site(s) Claim Information]**

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

**Selected File :** C:\Users\wollidk\Desktop\April SBSEVEREClaimSiteUplo...

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

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

**Breakfast Type: Severe Need School Breakfast (SBSEVERE)**

**List of uploaded Claim Site(s)**

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




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

**Breakfast Type: Severe Need School Breakfast (SBSEVERE)**

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

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




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

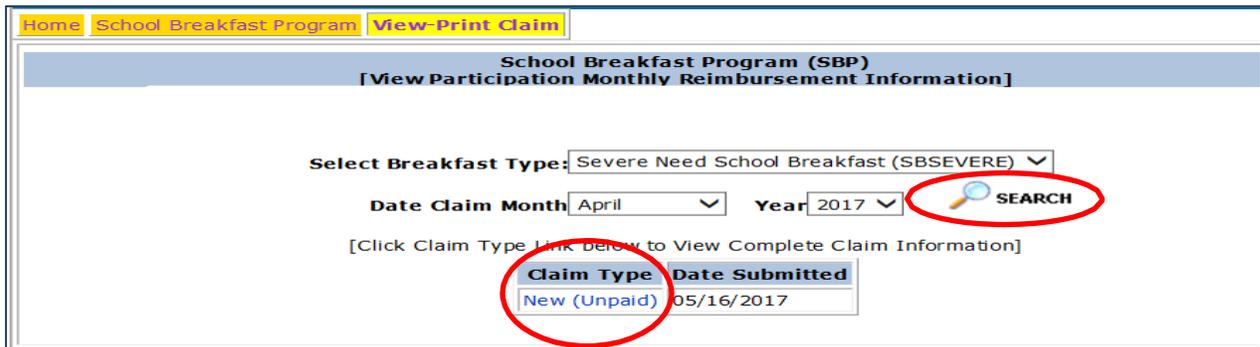
|   |   |   |   |
|---|---|---|---|
| Breakfast Type:   | Severe Need School Breakfast (SBSEVERE) |   |   |
| Claim Date:   | <input type="text" value="2017-04-01"/> | [YYYY-MM-DD]  | <b>*Claim Cannot be more than 60 days old</b>         |
| No. Students Approved For Free:   | <input type="text" value="178"/>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

## View-Print a SB Program Claim

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



2. Select the Breakfast type (Regular School Breakfast or Severe Need School Breakfast) from the drop down box and click *Continue*.
3. Select the date claim **month** and **year** from the drop-down list boxes and click the “**SEARCH**” button. If a claim is found for the given criteria, it will appear in the box below the *Claim Type*. Click the hyperlink to view the full claim information.



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

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

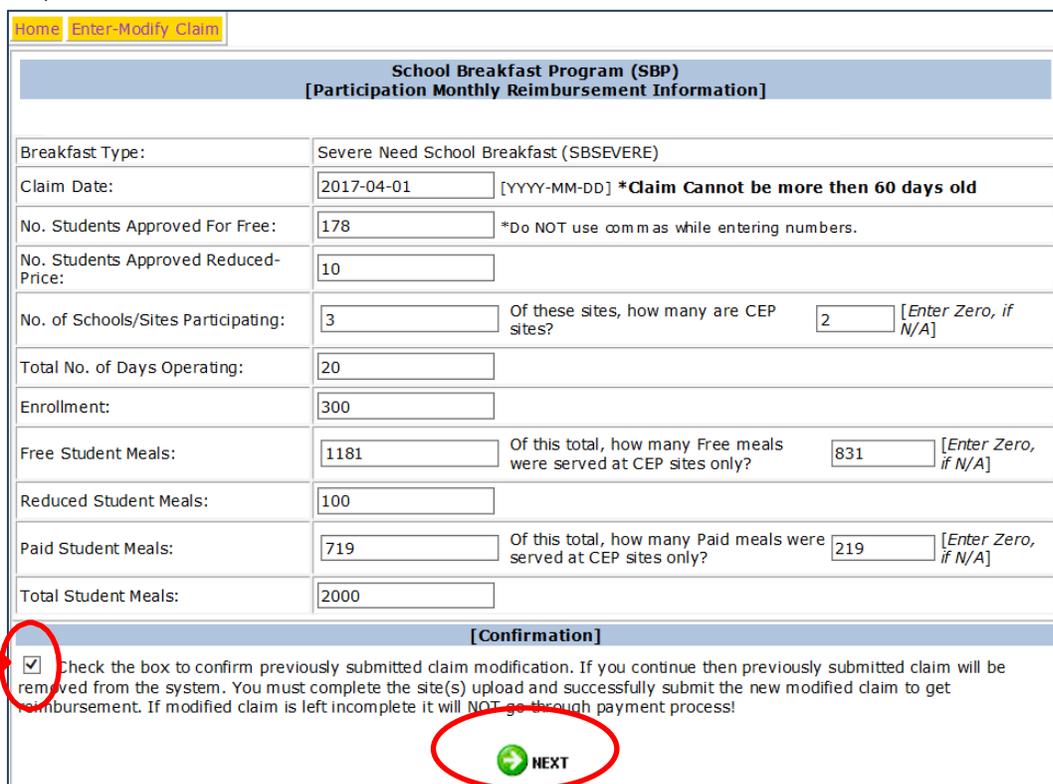
| List of Verified Claim Site(s) |                       |                          |                |            |                    |                    |                       |                |                |                 |
|--------------------------------|-----------------------|--------------------------|----------------|------------|---------------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

## Modifying a SB/Severe Need SB Unpaid Claim

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



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



| School Breakfast Program (SBP)<br>[Participation Monthly Reimbursement Information] |   |   |   |
|---|---|---|---|
| Breakfast Type:   | Severe Need School Breakfast (SBSEVERE)   |   |   |
| Claim Date:   | <input type="text" value="2017-04-01"/>   | [YYYY-MM-DD] *Claim Cannot be more than 60 days old               |   |
| No. Students Approved For Free:   | <input type="text" value="178"/>  | *Do NOT use commas while entering numbers.                        |   |
| No. Students Approved Reduced-Price:  | <input type="text" value="10"/>   |   |   |
| No. of Schools/Sites Participating:   | <input type="text" value="3"/>  | Of these sites, how many are CEP sites?                           | <input type="text" value="2"/> [Enter Zero, if N/A]   |
| Total No. of Days Operating:  | <input type="text" value="20"/>   |   |   |
| Enrollment:   | <input type="text" value="300"/>  |   |   |
| Free Student Meals:   | <input type="text" value="1181"/>   | Of this total, how many Free meals were served at CEP sites only? | <input type="text" value="831"/> [Enter Zero, if N/A] |
| Reduced Student Meals:  | <input type="text" value="100"/>  |   |   |
| Paid Student Meals:   | <input type="text" value="719"/>  | Of this total, how many Paid meals were served at CEP sites only? | <input type="text" value="219"/> [Enter Zero, if N/A] |
| Total Student Meals:  | <input type="text" value="2000"/>   |   |   |
| [Confirmation]  |   |   |   |
| <input checked="" type="checkbox"/>   | Check the box to confirm previously submitted claim modification. If you continue then previously submitted claim will be removed from the system. You must complete the site(s) upload and successfully submit the new modified claim to get reimbursement. If modified claim is left incomplete it will NOT go through payment process! |   |   |
| <input type="button" value="NEXT"/>   |   |   |   |

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

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

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

**Breakfast Type: Severe Need School Breakfast (SBSEVERE)**

Date Claim Month  Year

**[Upload Site(s) Claim Information]**

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

**Selected File :**

 **UPLOAD**

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

If your claim is in “Paid” status, the claim CANNOT be modified online. You must submit a Claim Adjustment via email to the attention of Jacqueline Jordee, email [Jacqueline.jordee@dpi.wi.gov](mailto:Jacqueline.jordee@dpi.wi.gov). See “Submitting a Claim Adjustment” in this manual.

## Afterschool Snack Program

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

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

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

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

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

## Entering an Afterschool Snack Program Claim (not area eligible)

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



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



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



4. You are now on the claim screen. First select the **month** for which you are claiming and the **correct year** from the drop-down boxes.
5. Then click on “**Template File**.”

The screenshot shows the 'After School Snacks Program (SK\_NSL) Upload Site(s) Claim Information' form. The form has a title bar and a main content area. In the main content area, there are two drop-down boxes for 'Date Claim Month' (set to 'April') and 'Year' (set to '2017'). Below these boxes is a section titled '[Upload Site(s) Claim Information]' which contains a message: 'Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information'. There is a 'Selected File :' field with a 'Browse...' button. At the bottom of the form, there is an 'UPLOAD' button and a message: 'Please download the **Template File** to enter claim data and upload above.' The 'Date Claim Month' and 'Year' drop-down boxes, the 'Template File' link, and the 'UPLOAD' button are circled in red.

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7. An excel spreadsheet will appear with all Afterschool Snack sites (not area eligible) in your agency listed by school code. (School codes are on Schedule A of your school's on-line contract.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14. **Paid Student Meals** - Enter the number of afterschool snacks served to paid students at the site during the claiming month.

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

Notice that for Snack Claims, the Total CEP Meals is at “0” for all schools.

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

Delete headings 

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

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

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



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

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

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**After School Snacks Program (SK\_NSL)  
Upload Site(s) Claim Information**

Date Claim Month  Year

**[Upload Site(s) Claim Information]**

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

**Selected File :** C:\Users\wollidk\Desktop\AprilSkns\ClaimSiteUploadFile\ Browse...



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

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

**After School Snacks Program (SK\_NSL)  
Uploaded Site(s) Claim Information**

List of uploaded Claim Site(s)

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

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

**After School Snacks Program (SK\_NSL)  
Verified Site(s) Claim Information**

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

| School Code | Student Approved Free | Student Approved Reduced | Days Operating | ADA | Free Student Meals (1) | Reduced Student Meals (2) | Paid Student Meals (3) | Total Student Meals (1+2+3) |
|-------------|-----------------------|--------------------------|----------------|-----|------------------------|---------------------------|------------------------|-----------------------------|
| 110         | 25                    | 5                        | 18             | 50  | 250                    | 50                        | 200                    | 500                         |
| 160         | 50                    | 10                       | 18             | 100 | 500                    | 100                       | 400                    | 1000                        |

**Note :**

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

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

| <a href="#">Home</a>  | <a href="#">Enter-Modify Claim</a>  |
|---|---|
| After School Snacks Program (SK_NSL)<br>[Participation Monthly Reimbursement Information]   |   |
| Claim Date:   | <input type="text" value="2017-04-01"/> [YYYY-MM-DD] *Claim Cannot be more than 60 days old |
| No. Students Approved For Free:   | <input type="text" value="75"/> *Do NOT use commas while entering numbers.                  |
| No. Students Approved Reduced-Price:  | <input type="text" value="15"/>   |
| No. of Schools/Sites Participating:   | <input type="text" value="2"/>  |
| Total No. of Days Operating:  | <input type="text" value="18"/>   |
| Average Daily Attendance(ADA):  | <input type="text" value="150"/>  |
| Free Student Meals:   | <input type="text" value="750"/>  |
| Reduced Student Meals:  | <input type="text" value="150"/>  |
| Paid Student Meals:   | <input type="text" value="600"/>  |
| Total Student Meals:  | <input type="text" value="1500"/>   |
| [CERTIFICATION]   |   |
| <p><b>I HEREBY CERTIFY</b> to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.</p> |   |
| First Name <input type="text"/>   | Last Name <input type="text"/>  |
| Phone Number <input type="text"/> <input type="text"/> <input type="text"/>   | Extension <input type="text"/>  |
|    |          |

### View-Print an Afterschool Snack Program Claim

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

|   |  |   |                                     |                                      |                        |                                |                        |
|---|--|---|-------------------------------------|--------------------------------------|------------------------|--------------------------------|------------------------|
| <a href="#">Home-Day Care Program</a>   | <a href="#">School Nutrition Program</a> | <a href="#">Community Nutrition Program</a> | <a href="#">Summer Food Program</a> | <a href="#">Special Milk Program</a> | <a href="#">Review</a> | <a href="#">Other Services</a> | <a href="#">Logout</a> |
| > <a href="#">After-School Snacks</a> > | <a href="#">Enter-Modify Claim</a>       | <a href="#">View-Print Claim</a>            |                                     |                                      |                        |                                |                        |

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

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

Date Claim Month  Year  

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

| Claim Type                   | Date Submitted |
|------------------------------|----------------|
| <a href="#">New (Unpaid)</a> | 06/12/2017     |

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

**After School Snack Program (SK\_NSL)**  
[View-Participation Monthly Reimbursement Information]

| Participation Information            | # of Students/Meals | Payment Information             | Amount              |
|--------------------------------------|---------------------|---------------------------------|---------------------|
| No. Students Approved For Free:      | 75                  | <b>Total Meal Reimbursement</b> | <b>\$751.50</b>     |
| No. Students Approved Reduced-Price: | 15                  | Voucher No.:                    | 19773               |
| No. of Schools/Sites Participating:  | 2                   | Date Submitted:                 | 06/12/2017          |
| Total No. of Days Operating:         | 18                  | Date Processed:                 |                     |
| Average Daily Attendance(ADA):       | 150                 | Date Paid:                      |                     |
| Free Student Meals:                  | 750                 | <b>Claim Status</b>             | <b>New (Unpaid)</b> |
| Reduced Student Meals:               | 150                 |                                 |                     |
| Paid Student Meals:                  | 600                 |                                 |                     |
| Total Student Meals:                 | 1,500               |                                 |                     |

**List of Verified Claim Site(s)**

| School Code | Student Approved Free | Student Approved Reduced | Days Operating | ADA | Free Student Meals | Reduced Student Meals | Paid Student Meals |
|-------------|-----------------------|--------------------------|----------------|-----|--------------------|-----------------------|--------------------|
| 110         | 25                    | 5                        | 18             | 50  | 250                | 50                    | 200                |
| 160         | 50                    | 10                       | 18             | 100 | 500                | 100                   | 400                |

**[CERTIFICATION]**

**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.: Deb Wollin (608) 267-3724



## Modifying an Afterschool Snack *Unprocessed* Claim

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



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

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

| After School Snacks Program (SK_NSL)<br>[Participation Monthly Reimbursement Information] |   |
|---|---|
| Claim Date:   | 2017-04-01 [YYYY-MM-DD] *Claim Cannot be more than 60 days old  |
| No. Students Approved For Free:   | 75 *Do NOT use com m as while entering numbers.   |
| No. Students Approved Reduced-Price:  | 15  |
| No. of Schools/Sites Participating:   | 2   |
| Total No. of Days Operating:  | 18  |
| Average Daily Attendance(ADA):  | 150   |
| Free Student Meals:   | 750   |
| Reduced Student Meals:  | 150   |
| Paid Student Meals:   | 600   |
| Total Student Meals:  | 1500  |
| [Confirmation]  |   |
| <input checked="" type="checkbox"/>   | Check the box to confirm previously submitted claim modification. If you continue then previously submitted claim will be removed from the system. You must complete the site(s) upload and successfully submit the new modified claim to get reimbursement. If modified claim is left incomplete it will NOT go through payment process! |
|        |   |

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

**After School Snacks Program (SK\_NSL)  
Upload Site(s) Claim Information**

Date Claim Month  Year

**[Upload Site(s) Claim Information]**

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

**Selected File :**

 **UPLOAD**

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

If your claim is in "Paid" status, the claim CANNOT be modified online. You must submit a Claim Adjustment via email to the attention of Jacqueline Jordee, email [Jacqueline.jordee@dpi.wi.gov](mailto:Jacqueline.jordee@dpi.wi.gov). See "Submitting a Claim Adjustment" in this manual.

### Entering an Area Eligible Afterschool Snack Program Claim

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



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



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



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

The screenshot shows a form titled 'After School Snacks Program Area Eligible Program (SK\_NSLAE) Upload Site(s) Claim Information'. It includes a 'Date Claim Month' dropdown set to 'May' and a 'Year' dropdown set to '2017'. Below these is a box for '[Upload Site(s) Claim Information]' with instructions to click 'Browse' to select an Excel file. A 'Selected File' field and a 'Browse...' button are present. At the bottom, there is an 'UPLOAD' button and a red circle around the text 'Please download the **Template File** to enter claim data and upload above.'

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

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

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

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

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

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

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

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

Notice that for Snack Claims, the Total CEP Meals is at “0” for all schools.

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

Delete headings

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

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



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

**After School Snacks Program Area Eligible Program (SK\_NSLAE)  
Upload Site(s) Claim Information**

Date Claim Month  Year

**[Upload Site(s) Claim Information]**

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

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

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

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

| After School Snacks Program (SK_NSL)<br>Uploaded Site(s) Claim Information |             |          |            |                |     |                    |                  |
|--|-------------|----------|------------|----------------|-----|--------------------|------------------|
| List of uploaded Claim Site(s)   |             |          |            |                |     |                    |                  |
| Agency Code  | School Code | Program  | Date Claim | Days Operating | ADA | Free Student Meals | Approved Site(s) |
| 564753   | 160         | SK_NSLAE | 05/01/2017 | 20             | 45  | 900                | ✓                |




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

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




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

Home [Enter-Modify Claim](#)

| After School Snacks Area Eligible Program (SK_NSLAE)<br>[Participation Monthly Reimbursement Information] |  |
|---|--|
| Claim Date:   | 2017-05-01 [YYYY-MM-DD] *Claim Cannot be more than 60 days old |
| No. of Schools/Sites Participating:   | 1  |
| Total No. of Days Operating:  | 20   |
| Average Daily Attendance(ADA):  | 45   |
| Free Student Meals:   | 900  |

**[CERTIFICATION]**

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

First Name  Last Name

Phone Number    Extension




## View-Print an Area Eligible Afterschool Snack Program Claim

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



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

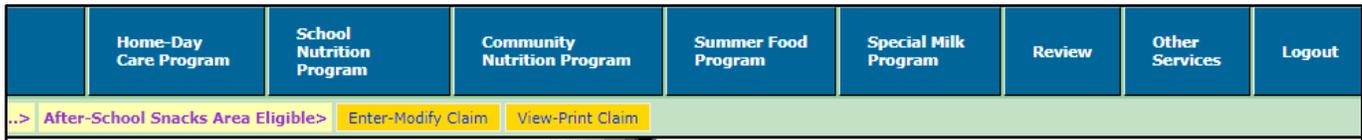
A screenshot of the search interface. At the top are navigation links: Home, After-School Snacks Area Eligible, and View-Print Claim. Below is a header for 'After School Program (SK\_NSLAE) [View Participation Monthly Reimbursement Information]'. There are two dropdown menus: 'Date Claim Month' set to 'May' and 'Year' set to '2017'. A 'SEARCH' button with a magnifying glass icon is circled in red. Below the search fields is a link: '[Click Claim Type Link below to View Complete Claim Information]'. A table shows 'Claim Type' as 'New (Unpaid)' and 'Date Submitted' as '07/10/2017'. The 'New (Unpaid)' text is circled in red.

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

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

## Modifying an Afterschool Snack Area Eligible *Unprocessed* Claim

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



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

A screenshot of a web form titled 'After School Snacks Program Area Eligible Program(SK\_NSLAE) [Participation Monthly Reimbursement Information]'. The form has a light blue header and a white body. At the top left, there are 'Home' and 'Enter-Modify Claim' buttons. The form contains several input fields: 'Claim Date' (2017-05-01), 'No. of Schools/Sites Participating' (1), 'Total No. of Days Operating' (20), 'Average Daily Attendance(ADA)' (45), and 'Free Student Meals' (900). Below these fields is a blue bar with the text '[Confirmation]'. Underneath, there is a checkbox that is checked, followed by a paragraph of text: 'Check the box to confirm previously submitted claim modification. If you continue then previously submitted claim will be removed from the system. You must complete the site(s) upload and successfully submit the new modified claim to get reimbursement. If modified claim is left incomplete it will NOT go through payment process!'. A red arrow points to the checkbox. At the bottom center, there is a green circular button with a right-pointing arrow and the word 'NEXT' next to it, which is circled in red.

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

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

---

**After School Snacks Program Area Eligible Program(SK\_NSLAE)  
Upload Site(s) Claim Information**

Date Claim Month  Year

**[Upload Site(s) Claim Information]**

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

**Selected File :**

 **UPLOAD**

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

If your claim is in “Paid” status, the claim CANNOT be modified online. You must submit a Claim Adjustment via email the attention of Jacqueline Jordee, email [Jacqueline.jordee@dpi.wi.gov](mailto:Jacqueline.jordee@dpi.wi.gov). See “Submitting a Claim Adjustment” in this manual.

## **APPENDIX A**

### **REPORTING PRE-KINDERGARTENERS AND KINDERGARTENERS**

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

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

| <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 $\div$ school enrollment) |   | Highest # Of Lunches Expected for Any Serving Day |
|---------------|---|---|---|---|---|
| Free          | 15                                      | X | .962  | = | 14.4 or 15  |
| Reduced-Price | 8                                       | X | .962  | = | 7.7 or 8  |
| Paid          | 216                                     | X | .962  | = | 207.8 or 208                                      |

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 |  | = |   |

**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<br>(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  |
| Compare Attendance-Adjusted Enrollment to Daily Meal Count |  |  |  |   |   |
| Free Claiming Percentage*                                  |  |  | Paid Claiming Percentage*                              |   |   |
| Number Breakfast meals to claim for Free*                  |  |  | 0 (total breakfasts served x Free claiming percentage) |   |   |
| Number Breakfast meals to claim for Paid*                  |  |  | 0 (total breakfasts served x Paid claiming percentage) |   |   |
| Number Lunch meals to claim for Free*                      |  |  | 0 (total lunches served x Free claiming percentage)    |   |   |
| Number Lunch meals to claim for Paid*                      |  |  | 0 (total lunches served x Paid claiming percentage)    |   |   |
| Total Non-Reimbursable Breakfasts and Lunches served       |  |  | 0  |   |   |

$$\begin{array}{ccc}
 \underline{\hspace{2cm}} 295 \hspace{2cm} & \times & \underline{\hspace{2cm}} .915 \hspace{2cm} \\
 \text{Highest Daily Enrollment} & & \text{Attendance Factor} \\
 \\
 \underline{\hspace{2cm}} 270 \hspace{2cm} & \text{Compared to} & \underline{\hspace{2cm}} 269.93 \text{ or } 270 \hspace{2cm} \\
 \text{Attendance-Adjusted Enrollment} & & \text{Daily Meal Count}
 \end{array}$$

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

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

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

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

|                        |        |   |                 |            |
|------------------------|--------|---|-----------------|------------|
| Free Student Meals:    | 3,539  | 0 | Date Processed: | 11/21/2017 |
| Reduced Student Meals: | 1,024  |   | Date Paid:      | 12/04/2017 |
| Paid Student Meals:    | 12,260 | 0 | Claim Status    | New (Paid) |
| Total Student Meals:   | 16,819 |   | PBR Payment:    | \$1,009.14 |

\*PBR = Performance Based Reimbursement

List of Verified NSL Claim Site(s)

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

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

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

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

## Frequently Asked Questions

### 1. Claims Due – When?

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

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

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

### 3. Claim Data and Errors

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

### 4. Why or When Would I Modify a Claim?

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

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

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

## 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 (if the Primary Contact cannot be reached).

### PLEASE HAVE THE ANSWERS TO THE FOLLOWING FOUR 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: "First 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

608-267-9228

School Nutrition Team Reception

[dpifns@dpi.wi.gov](mailto:dpifns@dpi.wi.gov)

## Troubleshooting Submitting Monthly Child Nutrition Claims

### ***Spinning wheel***

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

### ***Cannot edit template excel file***

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

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

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

### ***School code number is incorrect or missing on the template file***

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

Be sure you deleted the header on the template, and saved the file to your computer before you upload.

### ***Common error messages***

- “Invalid data value” for every column on row 1 – User failed to delete header.
- “Claim for month/year is not due for reimbursement.” – User failed to select the correct date month and year from the dropdown.
- “File has invalid Date Claim” – User changed the date in the template.
- “Average Daily Attendance must be less than OR equal to Enrollment – User entered a percentage or decimal for the ADA. The ADA must be a whole number, rounded up to next whole number.
- “Free/Reduced Student Meals are too high. Please contact DPI Federal Fiscal Unit” – The contact for Federal Fiscal Unit is [jacqueline.jordee@dpi.wi.gov](mailto:jacqueline.jordee@dpi.wi.gov).
- “Data upload failed due to incorrect number of columns.” – User should not delete any columns even if they are “0”.
- Red X under approved sites – User failed to select the correct dropdown before clicking on Template and incorrect school codes auto-loaded into excel sheet, or online contract needs to be updated.
- “Reduced Student Meals value is too high” – Contact [jacqueline.jordee@dpi.wi.gov](mailto:jacqueline.jordee@dpi.wi.gov) or 608-267-9134.
- “Total Student Meals should be more than zero” – If a site does not serve meals for the claiming month and columns J through M are “0”, delete the row for that site. (For example, some schools may not serve snack for the month of August, so when submitting the August Snack claim, that site’s row should be deleted.)

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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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Office of the Assistant Secretary for Civil Rights  
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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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