

STATE OF CONNECTICUT

DEPARTMENT OF EDUCATION



TO: Sponsors of School Child Nutrition Programs

FROM: John Frassinelli, Chief

Bureau of Health/Nutrition, Family Services and Adult Education

DATE: October 15, 2014

SUBJECT: Operational Memorandum #1-15

Schedule for Submission of Online Reimbursement Claim Data

The Code of Federal Regulations for the National School Lunch Program [§ 210.8(b)(1)] outlines the time limits for submission of claims for reimbursement to State agencies by sponsors. The due date for the claim form is the 15th of the month following the last day of the month covered by the claim or as noted on the new schedule below when the 15th falls on a weekend or holiday. Final claims, including revisions, must be submitted no later than <u>60 days</u> following the last day of the month covered by the claim. Claims not filed or corrected within the 60 days <u>may not be paid</u>. The new schedule is listed on the next page.

As a reminder, sponsors must adhere to this schedule to ensure timely payment of claims. The claim system will be locked at the close of the workday on the date indicated in column 2 on the Schedule for Submission of Claims. Additionally, during a certain period every month, claims are locked due to processing. The timeframe for processing varies; therefore, if you are locked out and cannot submit your online claim, we suggest that you try daily until the claims are unlocked. (Though the child nutrition program office will send an e-mail notification when the claiming system opens, it may not be received. Therefore, it is the responsibility of the sponsor to check the online system to determine if it is unlocked and to submit claims within a timely manner.)

Note: If you are submitting a **late claim** that is reaching the final deadline date for submission outlined in column 4 and the claiming system is locked, you should submit this claim on the paper <u>Claim for Reimbursement form</u> found with this Operational Memorandum. *This form may only be used for the submission of late claims that are approaching the final deadline date*. These claims must be sent to the attention of Avis Kelly at the Bureau of Health/Nutrition, Family Services and Adult Education, Child Nutrition Programs, 25 Industrial Park Road, Middletown, CT 06457. These forms must be postmarked no later than the date in column 4.

Ouestions may be directed to:

Consultants for School Nutrition Programs			
County	Consultant		
Fairfield County	Fionnuala Brown <u>fionnuala.brown@ct.gov</u> 860-807-2129		
Hartford County (towns/cities beginning with A-R)	Teri Dandeneau <u>teri.dandeneau@ct.gov</u> 860-807-2079		
Hartford County (towns/cities beginning with S-W)Windham County	Susan Alston <u>susan.alston@ct.gov</u> 860-807-2081		
Litchfield County	Allison Calhoun-White <u>allison.calhoun-white@ct.gov</u> 860-807-2008		
 Middlesex County Tolland County	Andy Paul <u>andrew.paul@ct.gov</u> 860-807-2048		
New Haven County	Jackie Schipke jackie.schipke@ct.gov 860-807-2123		
New London County	Monica Pacheco monica.pacheco@ct.gov 860-807-2073		

Schedule for Submission of Online Reimbursement Claim Data Connecticut State Department of Education Bureau of Health/Nutrition, Family Services and Adult Education October 1, 2014 - September 30, 2015

(1)	(2)	(3)	(4)
Reimbursement Claim Month	This DUE DATE is the date the claim must be received by the State Agency to ensure prompt payment	This is the date that the reimbursement claim check is due to be paid if the State Agency receives claim by the date in Column (2)	FINAL DEADLINE To receive payment, this is the final date that the claim can be submitted* to the State Agency
October 2014	November 14, 2014	December 30, 2014	December 30, 2014
November	December 15	January 29, 2015	January 29, 2015
December	January 15, 2015	March 2	February 28
January 2015	February 17	April 1	April 1
February	March 16	April 29	April 29
March	April 15	May 30	May 30
April	May 15	June 29	June 29
May	June 15	July 30	July 30
June	July 15	August 29	August 29
July	August 14	September 29	September 29
August	September 15	October 30	October 30
September	October 15	November 30	November 28

***Definition:** "Submitted" means <u>mailed</u> (postmarked).

- 1. Claims are due (received by State agency) by the date in column (2). Claims received by this date will be processed for timely payment listed in column (3).
- 2. Final claim data **MUST** be received "Online" by the date in column (4) to comply with the required time frame (60 days).
- 3. Claim forms (original or revised) must be submitted "Online" by the date in column (4) final deadline, to ensure receipt of program reimbursement. Exceptions are granted on a case-by-case basis.

JF:tdd

Connecticut State Department of Education Bureau of Health/Nutrition, Family Services and Adult Education School Child Nutrition Programs 25 Industrial Park Road, Middletown, CT 06457-1543

Original	
First Revision	
Second Revision	

SITE REIMBURSEMENT CLAIM FORM

See Attached Sheet for Instructions

Sponsor Name:		Agreement Number:	Claim Month:	
Date:		Site Name:	,	Site Number:
	SITE IN	NFORMATION		1
Meal Types	National School Lunch Program	School Breakfast Program	Afterschool Snack Program	Special Milk Program
Number of Operating Days				
Total Enrollment				
	ELIGIBILIT	Y INFORMATION		
Free Eligible Children				
Reduced Eligible Children				
Paid Eligible Children				
	MEA	ALS SERVED		
Free Meals/Milk Served				
Reduced-Price Meals Served				
Paid Meals/Milk Served				
	SPECIAL	MILK PROGRAM		
Average Dairy Cost of Half Pint	of Milk Purchased:			
	SEAMLESS SUM	IMER FOOD PROGRA	M	
Total Operating Days				
Average Daily Attendance				
Meals Served	Eligible Meals	Ineligible Meals	Total Meals	
Breakfast Meals Served				
Lunch Meals Served				
Snack Meals Served				
Supper Meals Served				

Connecticut State Department of Education Bureau of Health/Nutrition, Family Services and Adult Education School Child Nutrition Programs 25 Industrial Park Road, Middletown, CT 06457-1543

Original	
First Revision	
Second Revision	

SITE REIMBURSEMENT CLAIM FORM

SITE REIMBURSEMENT CLAIM FORM See Attached Sheet for Instructions	
This claim was prepared by (include name, title and telephone):	
I certify that the information supplied above is correct to the best of my knowledge, that records ar available to support this claim, that this claim is in accordance with the terms of existing Agreement and that payment has not been received.	
Signature of Authorized Representative of the School Food Authority Date	
All accounts and records pertaining to the school Child Nutrition Programs, including approved and free and reduced price applications, must be retained and available for future audit for a period of tyears after the federal fiscal year to which they pertain.	

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

The State of Connecticut Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons. The Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, gender identity or expression, disability (including, but not limited to, intellectual disability, past or present history of mental disorder, physical disability or learning disability), genetic information, or any other basis prohibited by Connecticut State and/or federal nondiscrimination laws. The Department of Education does not unlawfully discriminate in employment and licensing against qualified persons with a prior criminal conviction. Inquiries regarding the Department of Education's nondiscrimination policies should be directed to: Levy Gillespie, Equal Employment Opportunity Director/American with Disabilities Act Coordinator, State of Connecticut Department of Education, 25 Industrial Park Road, Middletown, CT 06457, 860-807-2101, Levy. Gillespie@ct.gov.

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ED – 103 Instructions Rev. 8/2014

ED-103 Site Claim for Reimbursement Connecticut State Department of Education (CSDE) School Child Nutrition Programs INSTRUCTIONS

This paper claim form should be used only for the submission of a late claim that is approaching the final deadline date as indicated in the Schedule for Submission of Online Reimbursement Claim Data which is the first operational memorandum of the fiscal year. Send paper claims to the attention of Avis Kelly, Connecticut State Department of Education (CSDE), Bureau of Health/Nutrition, Family Services and Adult Education, Child Nutrition Programs, 25 Industrial Park Road, Middletown, CT 06457-1543.

,	tion Programs, 25 industrial Park Road, Middletown, CT 06457-1543.
General Information	Check if the claim is an original, first revision or second revision, as appropriate. Enter the sponsor name, agreement number, claim month and year, the date the claim was prepared, the site (school) name and the site number which is the two-digit school code assigned by the CSDE for each school/site in the district or organization. This may be found on the Site Information Sheet on the online agreement.
Site Information	
Number of Operating Days	Enter the total number of operating days for each applicable school Child Nutrition Program (CNP). Note that the claims preparer must review the edit check worksheets (or other daily documentation) to confirm the total number of operating days. Do not put the same number of operating days for all CNPs unless the claims preparer has confirmed that the CNPs have operated the same number of days.
Total Enrollment	Enter the total number of children with access to each applicable school CNP each month. This should reflect the highest census figure for any day of the month. Include kindergarten and pre-kindergarten children if they participate in the National School Lunch Program (NSLP), School Breakfast Program (SBP) or the Special Milk Program (SMP). Do not include children who do not have access to the school CNPs.
Eligibility Information	
Free-Eligible Children	List the total number of children eligible for free meals/milk during the claim month for the site. This number should reflect the highest number of free-eligible students for any day of the month. Note that if the school is participating in the SMP for split-day kindergarten classes, the total enrolled for free should not be the same as the total enrolled number listed for the NSLP and SBP.
Reduced-Eligible Children	List the total number of children eligible for reduced-price meals during the claim month for the site. This number should reflect the highest number of reduced-eligible students for any day of the month.
Paid-Eligible Children	List the total number of children eligible for paid meals during the claim month for the site. This number should reflect the highest number of paid-eligible students for any day of the month.
Meals Served	
Free Meals/Milk Served Reduced-Price Meals Served Paid Meals/Milk Served	In each applicable CNP column, list the total lunches , breakfasts and afterschool snacks served by category (free, reduced and paid, if applicable) for the site during the claim month. Note the total meals claimed must never exceed the total enrolled in each eligibility category multiplied by the number of operating days. Refer to the school's edit check prior to submitting the data. For the SMP, list the number of half pints of milk served by category (free or paid) for the site for the claim month.
Special Milk Program	
Average Diary Cost of Half Pint of Milk Purchased	List the average cost per half pint of milk for the claim period. To find the average cost, add the cost of each variety (chocolate, skim, etc.,) and divide by the number of different types. This cost must be included in order for the SMP claim to accurately calculate the reimbursement.
	SEAMLESS SUMMER FOOD PROGRAM
Total Operating Days	List the total operating days for this site for the month.
Average Daily Attendance	List the average daily attendance figure for this site for the month.
Meals Served	. October 1 and the October and the mental of
Breakfast Meals Served	In each applicable CNP column, list the eligible meals, ineligible meals and the total meals for the
Lunch Meals Served	Seamless Summer Food Program site.
Snack Meals Served	
Supper Meals Served	
	CLAIM PREPARER AND AUTHORIZED SIGNATURES
Claim Preparer	Indicate the name, title and telephone number of the person who prepared this claim.
Signature	One of the two representatives, as authorized on the ED-099 Agreement, must sign the claim form. Check the district's online agreement to determine the authorized signer. The person signing the claim form must be a different individual from the person that prepared the form. If more than one page is needed to list all of the school/sites under the agreement, only the last page should be signed. On the

bottom of each page, list the page number and the total number of pages (e.g., page 1 of 1, 1 of 2, etc.).

Connecticut State Department of Education Bureau of Health/Nutrition, Family Services and Adult Education School Child Nutrition Programs 25 Industrial Park Road, Middletown, CT 06457-1543

Original	
First Revision	
Second Revision	

SITE REIMBURSEMENT CLAIM FORM

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Sponsor Name:		Agreement Number:	Claim Month:	
Date:		Site Name:	,	Site Number:
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	ELIGIBILIT	Y INFORMATION		
Free Eligible Children				
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	MEA	ALS SERVED		
Free Meals/Milk Served				
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	SPECIAL	MILK PROGRAM		
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	SEAMLESS SUM	IMER FOOD PROGRA	M	
Total Operating Days				
Average Daily Attendance				
Meals Served	Eligible Meals	Ineligible Meals	Total Meals	
Breakfast Meals Served				
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This claim was prepared by (include name, title and telephone):	
I certify that the information supplied above is correct to the best of my knowledge, that records ar available to support this claim, that this claim is in accordance with the terms of existing Agreement and that payment has not been received.	
Signature of Authorized Representative of the School Food Authority Date	
All accounts and records pertaining to the school Child Nutrition Programs, including approved and free and reduced price applications, must be retained and available for future audit for a period of tyears after the federal fiscal year to which they pertain.	

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

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Snack Meals Served	
Supper Meals Served	
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Signature	One of the two representatives, as authorized on the ED-099 Agreement, must sign the claim form. Check the district's online agreement to determine the authorized signer. The person signing the claim form must be a different individual from the person that prepared the form. If more than one page is needed to list all of the school/sites under the agreement, only the last page should be signed. On the

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