

Summer Food Service Program Claims Module

SPONSOR TRAINING MANUAL

June 2007

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Introduction

Training Manual

This Training Manual is intended for use by Summer Food Service Program Sponsors to learn how to efficiently use the Site Claims Module to create and submit claims for sites participating in the program. It is designed to provide a general understanding of how to use the Web site effectively. The manual provides the following objectives:

- A general explanation of each feature available; including screen examples.
- Step-by-step instructions for utilizing the Web site module.
- Tips and Notes highlighted in gray to enhance your understanding of the system.

Summer Food Service Program Claims

Summer Food Service Program Claims allows the Sponsor to report, on a per site basis, the meals associated with the program in order to receive reimbursement.

Sponsor

Program Year Selection

To create and submit a Summer Food Service Program claim

1. Login to the Program.
2. On the Navigation bar, click **Claims**.
3. Click **Claim** on the submenu that appears. The Program Year Selection screen appears.

| Program Year Information Summer Food Service Program Claim Form | | |
|--|------------|------------|
| Select a Program Year | | |
| Program Year | Begin Date | End Date |
| 2007 | 10/01/2006 | 09/30/2007 |
| 2006 | 10/01/2005 | 09/30/2006 |
| 2005 | 10/01/2004 | 09/30/2005 |
| 2004 | 10/01/2003 | 09/30/2004 |
| 2003 | 10/01/2002 | 09/30/2003 |
| 2002 | 10/01/2001 | 09/30/2002 |
| 2001 | 10/01/2000 | 09/30/2001 |

Figure 1: Select a Program Year screen

4. Click the desired **Program Year**. The Claim Entry screen appears.

| Summer Food Service Program Claim Entry | | |
|--|------------------|------------------------|
| Summer Food Service Program | | |
| <input checked="" type="checkbox"/> Program Year: 2007 | | |
| Sponsor Name | Agreement Number | Action |
| City of New Bern | 8386 | Select |
| <input type="button" value="Cancel"/> | | |

Figure 2: Claim Entry screen

5. Click **Select**. The Summer Food Service Program Claim(s) screen appears.

Summer Food Service Program Claim(s)

| Institution Information | | | | |
|---|-----------------|-------------------|---------------|---------------|
| Institution Name | | Agreement Number | | |
| City of New Bern | | 8386 | | |
| Select a Claim Month | | | | |
| <input type="checkbox"/> Program Year: 2007 | | | | |
| Claim Month | Revision Number | Claim Status | Month to Date | |
| | | | Earned Amount | Amount Paid |
| Oct 2006 | | No Operating Days | | |
| Nov 2006 | | No Operating Days | | |
| Dec 2006 | | No Operating Days | | |
| Jan 2007 | | No Operating Days | | |
| Feb 2007 | | No Operating Days | | |
| Mar 2007 | | | | |
| Apr 2007 | | | | |
| May 2007 | | | | |
| Jun 2007 | | No Operating Days | | |
| Jul 2007 | | No Operating Days | | |
| Aug 2007 | | No Operating Days | | |
| Sep 2007 | | No Operating Days | | |
| Year-to-Date Totals | | | \$0.00 | \$0.00 |

Figure 3: Food Service Program Claim(s) screen

6. Click the desired **Claim Month**. The Claim(s) screen appears.

Summer Food Service Program Claim(s)

| Monthly Claim Form | | | | | |
|--------------------------------|------------------|---------------|--------------|--------|--------|
| Institution Name | Agreement Number | Month Claimed | Program Year | | |
| City of New Bern | 8386 | Apr 2007 | 2007 | | |
| Claim(s) | | | | | |
| Revision Number | Received Date | Paid Date | Claim Amount | Status | Action |
| No claims for this Institution | | | | | |

For manual entry of individual site claim(s), click 'Add Claim'

Upload Summer Food Claim Information

To Upload a file:

1. Click on the "Browse" button to find the file on your computer.
2. Once you locate the file, click the "Open" button.
3. When finished with the above steps, click on the "Upload" button.

* The upload may take a few minutes. Thank You for your patience.

By clicking the 'Upload' button below, I certify that all uploaded claim information is true and correct and records are available that support the claim and is in accordance with the terms of the existing Agreement.

Figure 4: Claim(s) screen

The application provides two methods of adding a claim: either manually or by uploading a file. To add a claim using the upload method, please see **To add by uploading a file** on page 7.

To add a claim manually

7. Click **Add Claim**. The Summer Food Service Program Reimbursement Claim Form screen appears.

Summer Food Service Program Reimbursement

| | | |
|----------------------------|-------------------|-----------------------|
| Sponsor Information | Claim Date | Claim Revision |
| City of New Bern 8386 | Mar 2007 | 0 |

Submission Type: **Submitted Date:**

Authorized Signature:

Combined Claiming

Combine month with*: February April

*Note: Claim months that are being combined with this claim month must have less than or equal to 10 operating days in the month being combined with this claim month.

Institution Cost/Income Totals

| | | |
|---|--|---|
| General Operating Costs (Optional) | Administrative Costs (Optional) | Funds Received During Month (Required) |
| 0.00 | 0.00 | 0.00 |

Note: The list below only includes sites with an approved application. Number of Sites 3

| Site # | Site Name | Errors | Action |
|--------|---------------------------|--------|---------------------|
| 7 | Community Resource Center | 0 | Add |
| 9 | Day Reporting Center | 0 | Add |
| 6 | Henderson Park | 0 | Add |

I CERTIFY THAT this claim is true and correct; that it is in accordance with the terms of existing Agreement(s); that records are available to support this claim; and that payment has not been previously received. I further understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes.

Note: Clicking the **Submit for Processing** button will submit this claim entry to the system. Please review your entries before submitting this information.

Submit for Processing button is disabled due to no site claims.

Figure 5: Summer Food Service Program Reimbursement Claim Form screen

8. Select the **Authorized Signature**.
9. If submitting a Combined Claiming, click the applicable checkbox(es).

NOTE: Claim months that are being combined with this claim month must have less than or equal to 10 operating days in the month being combined with this claim month. The checkboxes are disabled if the month before or after the claim month have more than 10 operating days.

10. Click **Institution Cost/Income Totals**. The Institution Cost/Income Totals table appears.

| <u>Institution Cost/Income Totals</u> | | |
|---|--|--|
| General Operating Costs (Optional) | Administrative Costs (Optional) | Funds Received During Month (Required) |
| 0.00 | 0.00 | 0.00 |
| General Operating Costs (Optional) | | |
| Costs of Food Used | <input type="text"/> | |
| Direct Labor | <input type="text"/> | |
| Facilities/Utilities | <input type="text"/> | |
| Transport of Prepared Food to Sites | <input type="text"/> | |
| Transport of Children to Sites | <input type="text"/> | |
| Nonfood Supplies Used | <input type="text"/> | |
| Equipment Rental | <input type="text"/> | |
| Other | <input type="text"/> | |
| Total | <input type="text"/> | |
| Administrative Costs (Optional) | | |
| | Administrator | <input type="text"/> |
| | Monitor | <input type="text"/> |
| | Secretary | <input type="text"/> |
| | Bookkeeper/Accountant | <input type="text"/> |
| | Printing/Mail/Phone | <input type="text"/> |
| | Office Supplies | <input type="text"/> |
| | Travel To/From Site | <input type="text"/> |
| | Indirect Costs | <input type="text"/> |
| | Utilities | <input type="text"/> |
| | Other | <input type="text"/> |
| | Total | <input type="text"/> |
| Funds Received During Month (Required) | | |
| | Adult Meal Payments | <input type="text"/> |
| | Program Income (Do not include vended/catered meal payments, program payments or advances) | <input type="text"/> |
| | Total | <input type="text"/> |

Figure 6: Institution Cost/Income Totals table

- 11. Enter any applicable optional General Operating Costs and/or Administrative Costs.
- 12. Enter the **Adult Meal Payments** (required).
- 13. Enter the **Program Income** (required).
- 14. Click **Save**.

NOTE: If there are no errors within the table the Totals are automatically calculated and displayed. Any errors in the table will be highlighted and must be corrected before you can successfully save the table.

- 15. Click **Add** to the right of the site name you wish to create a claim for. The site claim screen appears.

| Summer Food Service Program Reimbursement | | | | | | |
|---|------------------------|-----------------------|----------------------|---------------------------|----------------------|----------------------|
| Sponsor Information | | | | Site Information | | |
| City of New Bern 8386 | | | | Day Reporting Center 9 | | |
| Month Claimed | Revision Number | Submitted Date | | Submission Type | | |
| Mar 2007 | 0 | | | Original | | |
| Program Information: | | | | | | |
| Number of Operating Days this Claim Period | | <input type="text"/> | | | | |
| Average Daily Attendance this Claim Period | | <input type="text"/> | | | | |
| Meals Served to: | | | | | | |
| | Breakfast | Lunch | Supper | A.M. Snack | P.M. Snack | Total |
| Eligible Children (1 st meals) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Eligible Children (2 nd meals) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Disallowed Meals | | | | | | <input type="text"/> |
| Program Adult Meals | | | | | | <input type="text"/> |
| Non-Program/Other Adults | | | | | | <input type="text"/> |
| <p>Note: Clicking the Submit button will submit this claim entry to the system. Please review your entries before submitting this information.</p> <p>Created By: Developer</p> | | | | | | |
| <input type="button" value="Redisplay"/> <input type="button" value=" < Back"/> <input type="button" value="Cancel"/> <input type="button" value="Submit"/> | | | | | | |

Figure 7: Site Claim screen

16. Enter the **Number of Operating Days this Claim Period**.
17. Enter the **Average Daily Attendance this Claim Period**.
18. Enter the applicable **Eligible Children (1st meals)** amounts, including the total.
19. Enter the applicable **Eligible Children (2nd meals)** amounts, including the total.
20. Enter the **Disallowed Meals** total. Disallowed meals are those meals disallowed by the State Agency for the claim month.
21. Enter the **Program Adult Meals** total. Program adult meals are those meals served to adults participating in the operation of the food service program.
22. Enter the **Non-Program/Other Adults** total.
23. Click **Submit**. If no errors are noted the successfully saved text is displayed.
24. If errors are noted, correct the errors, and then click **Submit**.

| Summer Food Service Program Reimbursement | | | |
|---|------------------------|---------------------------|------------------------|
| Sponsor Information | | Site Information | |
| City of New Bern 8386 | | Day Reporting Center 9 | |
| Month Claimed | Revision Number | Received Date | Submission Type |
| Mar 2007 | 0 | | Original |
| The site claim has been successfully saved. | | | |
| <input type="button" value="Edit Site Claim"/> <input type="button" value="Back to Claim Site List"/> | | | |

Figure 8: Text displayed upon successfully saving a claim

25. Click **Back to Claim Site List**.
26. Repeat steps 15 through 25 for each additional site needing a claim created and submitted.
27. Click **Submit for Processing**. The Status reads "OK to Pay".

To add by uploading a file

NOTE: The Sponsor is responsible for creating the needed upload file. The required format of the file can be supplied to the Sponsor by the State.

7. Click **Browse**. The Choose file dialog box appears.

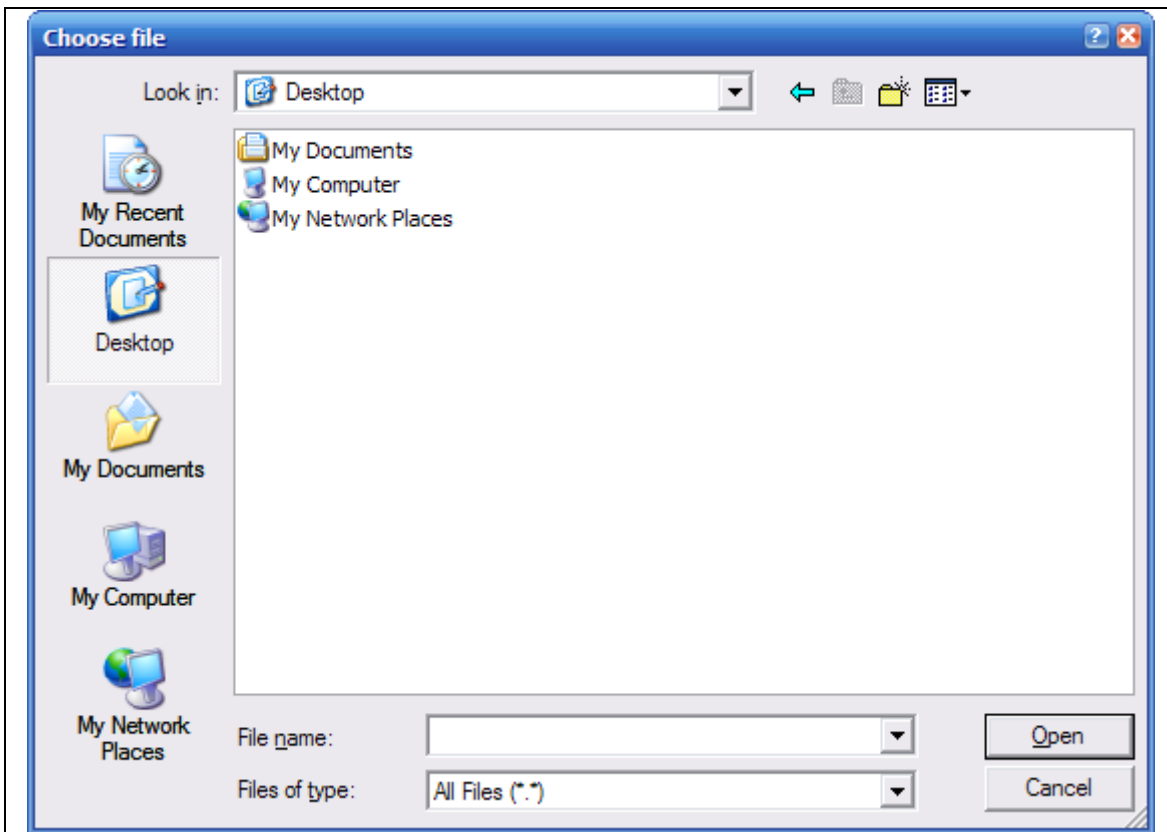


Figure 9: Choose file dialog box

8. Navigate to the location where the desired file resides.
9. Select the desired file.

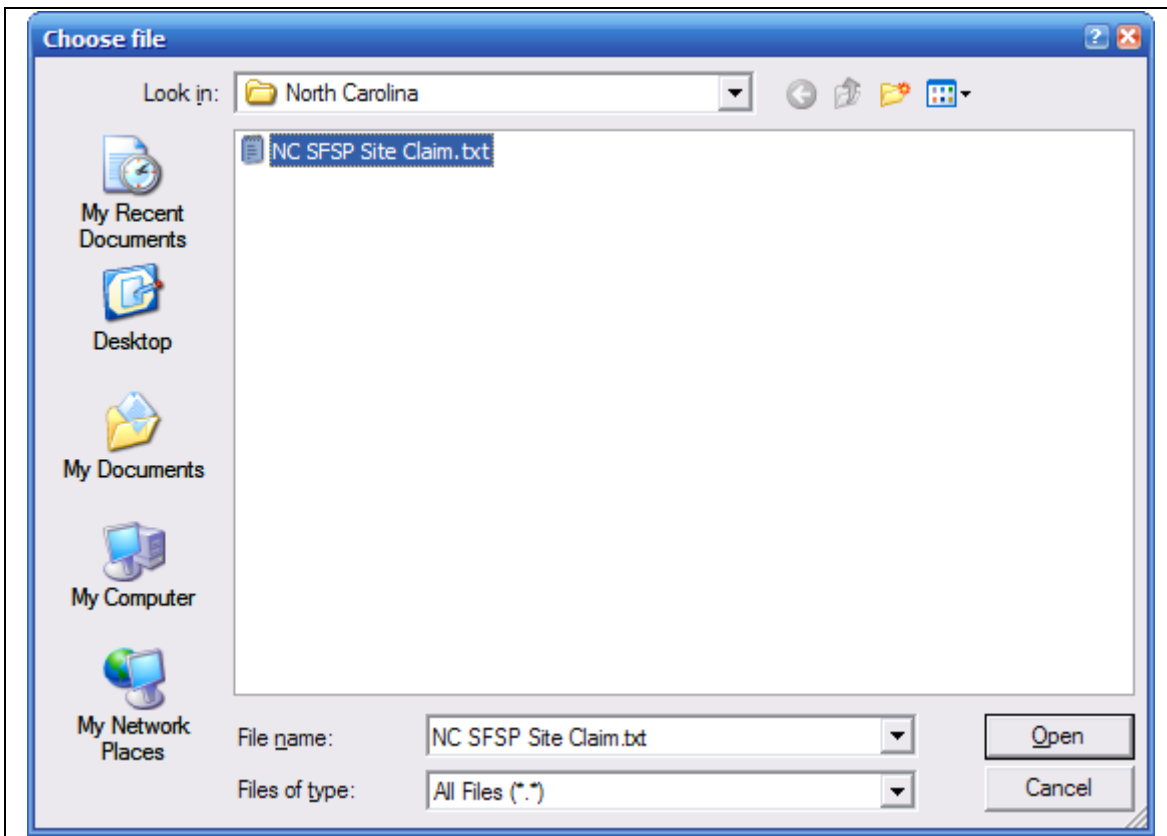


Figure 10: Choose file dialog box with file selected

10. Click **Open**.

11. Click **Upload**. The processing begins and if there are no errors the File processed confirmation screen appears.

NOTE: An uploaded file creates the initial claim or if a claim already exists an upload modifies the claim and overwrites any existing site claim information.

Summer Food Service Program Claim(s)

| Monthly Claim Form | | | |
|-----------------------------|------------------|---------------|--------------|
| Institution Name | Agreement Number | Month Claimed | Program Year |
| Alamance Burlington Schools | 7844 | May 2007 | 2007 |

| Claim(s) | | | | | |
|-----------------|---------------|-----------|--------------|---------------|---|
| Revision Number | Received Date | Paid Date | Claim Amount | Status | Action |
| 0 | 06/14/2007 | | \$0.00 | Not Submitted | Modify Delete Recap |

The file has been processed.

Upload Summer Food Claim Information

To Upload a file:

1. Click on the "Browse" button to find the file on your computer.
2. Once you locate the file, click the "Open" button.
3. When finished with the above steps, click on the "Upload" button.

* The upload may take a few minutes. Thank You for your patience.

By clicking the 'Upload' button below, I certify that all uploaded claim information is true and correct and records are available that support the claim and is in accordance with the terms of the existing Agreement.

Figure 11: File processed confirmation screen

12. Click **Modify**.
13. Select the **Authorized Signature**.
14. If submitting a Combined Claiming, click the applicable checkbox(es).

NOTE: Claim months that are being combined with this claim month must have less than or equal to 10 operating days in the month being combined with this claim month. The checkboxes are disabled if the month before or after the claim month have more than 10 operating days.

15. Click **Institution Cost/Income Totals**. The Institution Cost/Income Totals table appears.

| <u>Institution Cost/Income Totals</u> | | |
|--|---------------------------------|--|
| General Operating Costs (Optional) | Administrative Costs (Optional) | Funds Received During Month (Required) |
| 0.00 | 0.00 | 0.00 |
| General Operating Costs (Optional) | | |
| Costs of Food Used | <input type="text"/> | |
| Direct Labor | <input type="text"/> | |
| Facilities/Utilities | <input type="text"/> | |
| Transport of Prepared Food to Sites | <input type="text"/> | |
| Transport of Children to Sites | <input type="text"/> | |
| Nonfood Supplies Used | <input type="text"/> | |
| Equipment Rental | <input type="text"/> | |
| Other | <input type="text"/> | |
| Total | <input type="text"/> | |
| Administrative Costs (Optional) | | |
| Administrator | <input type="text"/> | |
| Monitor | <input type="text"/> | |
| Secretary | <input type="text"/> | |
| Bookkeeper/Accountant | <input type="text"/> | |
| Printing/Mail/Phone | <input type="text"/> | |
| Office Supplies | <input type="text"/> | |
| Travel To/From Site | <input type="text"/> | |
| Indirect Costs | <input type="text"/> | |
| Utilities | <input type="text"/> | |
| Other | <input type="text"/> | |
| Total | <input type="text"/> | |
| Funds Received During Month (Required) | | |
| Adult Meal Payments | <input type="text"/> | |
| Program Income (Do not include vended/catered meal payments, program payments or advances) | <input type="text"/> | |
| Total | <input type="text"/> | |

Figure 12: Institution Cost/Income Totals table

16. Enter any applicable optional General Operating Costs and/or Administrative Costs.
17. Enter the **Adult Meal Payments** (required).
18. Enter the **Program Income** (required).
19. Click **Save**.
20. Click **Submit for Processing**. The Status reads "OK to Pay".