# Nebraska Department of Education
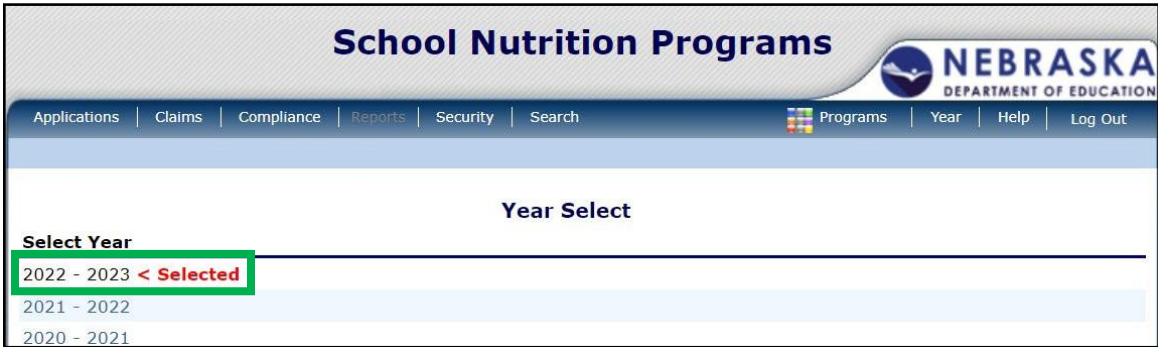## Office of Nutrition Services
SNP Claim Entry Hints & Tips (6/1/22)

1. Begin by logging into the CNP System.
2. To submit SNP claims, click Year from the menu of options across the top and then select 2022-2023. It should default to current School Year (2022-2023).

3. Once you have selected the correct year, choose "Claims" from the menu of options across the top. Then click on "Claim – SNP" under Item.



4. Select the Month for which you want to submit a claim.

| Claim Month | Adj Number | Claim Status | Date Received | Date Processed | Earned Amount |
|---|---|---|---|---|---|
| Jul 2022 | | | | | $0.00 |
| Aug 2022 | | | | | $0.00 |
| Sep 2022 | | | | | $0.00 |
| Oct 2022 | | | | | $0.00 |
| Nov 2022 | | | | | $0.00 |
| Dec 2022 | | | | | $0.00 |
| Jan 2023 | | | | | $0.00 |
| Feb 2023 | | | | | $0.00 |
| Mar 2023 | | | | | $0.00 |
| Apr 2023 | | | | | $0.00 |
| May 2023 | | | | | $0.00 |

5. Click on the red "Add Original Claim" button.

6. Select "Add" next to the site for which you want to submit a claim. Each site will have its own SNP monthly claim.

| Month/Year Claimed | Adjustment Number | Date Received | Date Accepted | Date Processed | Reason Code |
|---|---|---|---|---|---|
| Aug 2022 | 0 | | | | |

| Actions | Site # | Site Name | | | Errors | Status |
|---|---|---|---|---|---|---|
| Add | 0001 | _____ School | | | | |
| Add | 0002 | School | | | | |
| Add | 0004 | _____ School | | | | |

**Note: The claims screen will show the meal types indicated in the SNP site application with allowable meal combinations as follows:**
- **Breakfast and Lunch**
- **Breakfast and Lunch + Afterschool Care Program (snack)**
- **Lunch and Afterschool Care Program (snack)**
- **Lunch only**

7. Follow the claim entry instructions for each piece of claim information below.

G1. Enter the Number of Children Approved for Free Meals.

G2. Enter the Number of Children Approved for Reduced Price Meals.

G3. Enter the Number of Children Approved for Paid Meals.

G4. Enter the Number of Enrolled Children.

G5. Enter the Attendance Factor Percentage. To calculate this, divide this month's Average Daily Attendance (the average number of students in attendance during the claim month) by Number of Enrolled Students. For example, if a site's ADA for the month is 406 and the Number of Enrolled Children is 420, the Attendance Factor Percentage would be 96.7 (406 ÷ 420).

### SNP Site Claim

Status: Active
**Public School**

Status: Active
**PUBLIC SCHOOL**

| Month/Year Claimed | Adjustment Number | Date Received | Date Accepted | Date Processed | Reason Code |
|---|---|---|---|---|---|
| | | | | | Original |

**School Nutrition Program General Information**

G1. Number of Children Approved for Free Meals: ☐

G2. Number of Children Approved for Reduced Price Meals: ☐

G3. Number of Children Approved for Paid Meals: ☐

G4. Number of Enrolled Children: ☐

G5. Attendance Factor Percentage: ☐

8. Follow the claim entry instructions for each piece of claim information below.

L1. Enter the Number of Operating Days. This is the number of meal service days in the claim month.

L2. Enter the Average Daily Attendance. This is the total of daily attendance for the month divided by the number of days in the month. Round up to the next whole number (e.g., 102.25 would be rounded to 103).

L3a. Enter the number of reimbursable free lunches served to enrolled students for the claim month.

L3b. Enter the number of reimbursable reduced price lunches served to enrolled students for the claim month.

L3c. Enter the number of reimbursable paid lunches served to enrolled students for the claim month.

L3d. **This number will automatically populate.**

### National School Lunch Program

| | |
|---|---|
| L1. Number Operating Days: | |
| L2. Average Daily Attendance: | |
| L3. Reimbursable Lunches Served | |
| a. Free Lunches Served: | |
| b. Reduced Price Lunches Served: | |
| c. Paid Lunches Served: | |
| d. Total Lunches Served (a + b + c): | |

**If your site(s) only operate the National School Lunch Program, proceed to step 11.**

If your site operates the School Breakfast Program and/or the Afterschool Care Program, complete steps 9 and 10, respectfully.

9. If your site operates the School Breakfast Program, follow the claim entry instructions for each piece of claim information below.

N1. Enter the Number of Operating Days. This is the number of meal service days in the claim month.
N2. Enter the Average Daily Attendance. This is the total of daily attendance for the month divided by the number of days in the month. Round up to the next whole number (e.g., 102.25 would be rounded to 103).
N3a. Enter the number of reimbursable free breakfasts served to enrolled students for the claim month.
N3b. Enter the number of reimbursable reduced price breakfasts served to enrolled students for the claim month.
N3c. Enter the number of reimbursable paid breakfasts served to enrolled students for the claim month.
N3d. **This number will automatically populate.**

**School Breakfast Program**

| | |
|---|---|
| N1. Number Operating Days: | |
| N2. Average Daily Attendance: | |
| N3. Reimbursable Breakfasts Served | |
| a. Free Breakfasts Served: | |
| b. Reduced Price Breakfasts Served: | |
| c. Paid Breakfasts Served: | |
| d. Total Breakfasts Served (a + b + c): | |

**<span style="color:red">If your site(s) only operates the National School Lunch Program and School Breakfast Program, proceed to step 11.</span>**

10. If your site operates the Afterschool Care Program (snack), follow the claim entry instructions for each piece of claim information below. Different information will be requested depending on whether the site is Non-Area Eligible or Area Eligible.

**Non-Area Eligible**

A1. Enter the Number of Children Approved for Free Snacks.

A2. Enter the Number of Children Approved for Reduced Snacks.

A3. Enter the Number of Children Approved for Paid Snacks.

A4. Enter the Number of Enrolled Children. This is the total number of children enrolled in Afterschool Care Program at this site.

A5. Enter the Number of Operating Days. This is the number of meal service days in the claim month.

A6. Enter the Average Daily Attendance. This is the total of daily attendance for the month divided by the number of days in the month. Round up to the next whole number (e.g., 102.25 would be rounded to 103).

A7a. Enter the number of reimbursable free snacks served to enrolled students for the claim month.

A7b. Enter the number of reimbursable reduced price snacks served to enrolled students for the claim month.

A7c. Enter the number of reimbursable paid snacks served to enrolled students for the claim month.

A7d. **This number will automatically populate.**

| Afterschool Care Program (Non-Area Eligible) | |
|---|---|
| A1. Number of Children Approved for Free Snacks: | |
| A2. Number of Children Approved for Reduced Snacks: | |
| A3. Number of Children Approved for Paid Snacks: | |
| A4. Number of Enrolled Children: | |
| A5. Number Operating Days: | |
| A6. Average Daily Attendance: | |
| A7. Reimbursable Snacks Served | |
| a. Free Snacks Served: | |
| b. Reduced Price Snacks Served: | |
| c. Paid Snacks Served: | |
| d. Total Snacks Served (a + b + c): | |

**Area Eligible**

A1. Enter the Number of Children Approved for Free Snacks. This is the total number of children enrolled in Afterschool Care Program at this site.

A2. Enter the Number of Operating Days. This is the number of meal service days in the claim month.

A3. Enter the Average Daily Attendance. This is the total of daily attendance for the month divided by the number of days in the month. Round up to the next whole number (e.g., 102.25 would be rounded to 103).

A4a. Enter the number of reimbursable free snacks served to enrolled students for the claim month.

## Afterschool Care Program (Area Eligible)

A1. Number of Children Approved for Free Snacks:

A2. Number Operating Days:

A3. Average Daily Attendance:

A4. Reimbursable Snacks Served

    a. Free Snacks Served:

11. When finished click the red "Save" button at the bottom.

| Month/Year Claimed | Adjustment Number | Date Received | Date Accepted | Date Processed | Reason Code |
|---|---|---|---|---|---|
| Aug 2022 | 0 | | | | |

**Afterschool Care Program (Area Eligible)**

A1. Number of Children Approved for Free Snacks:

A2. Number Operating Days:

A3. Average Daily Attendance:

A4. Reimbursable Snacks Served

    a. Free Snacks Served:

Created By:

Save    Cancel

NUTRITION SERVICES

12. Repeat these steps for each site operated during the claim month. When all site claims have been entered, click the red "Continue" button at the bottom of the list of sites.

| Actions | Site # | Site Name | Errors | Status |
|---|---|---|---|---|
| View \| Modify | 0001 | High School | | Validated |
| View \| Modify | 0002 | Elementary School | | Validated |
| View \| Modify | 0004 | Elementary School | | Validated |

< Back   **Continue**   Upload Claim Data

13. You will be taken to a claim summary page where you will mark the certification box at the bottom of the page and then click the red "Submit for Payment" button.

**Claim Reimbursement Total**     1,526.00

**Certification**

☑ By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise." U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

< Back   **Submit For Payment**

14. Once submitted, a confirmation page will display. Click "Finished".

| Month/Year Claimed | Adjustment Number | Date Received | Date Accepted | Date Processed | Reason Code |
|---|---|---|---|---|---|
| August 2022 | 0 | 9/1/2022 | 9/1/2022 | | Original |

Confirmation Number: **BYOFKA**

Thank you for your    **August 2022**    Claim Submission.

An email confirmation has been sent to

Finished

NEBRASKA DEPARTMENT OF EDUCATION

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# Claims for Reimbursement
## Due Dates and Claim Payment Dates

Important Reminders:
- Claims can be submitted any time **after** the final meal/snack of the month has been served for the claim month.
- Claims are typically processed and paid once per month.
- In order to ensure timely payment of your claim, familiarize yourself with the charts below which show submission, payment and the final cutoff dates for claims.
- Every month reconcile claim payments with your bank statement.
- Please note that payment dates that fall on weekends or holidays will be shifted to the following business day.
- Claim Status in CNP must show as "ACCEPTED" in order to be paid. If Claim Status shows as "Validated" or "Pending" this means that the claim has not been submitted for payment. Return to CNP to complete the certification step required to submit the claim.
- A claim in "ACCEPTED" status can be modified, but will need to be resubmitted after changes have been made. **Note**: If you click MODIFY after a claim has been accepted, the claim **must** be resubmitted even if no changes were made.

To receive reimbursement funds by EFT, complete and submit the ACH Enrollment Form.

| Claim Payment or Electronic Fund Transfer (EFT) Dates | | |
|---|---|---|
| Claim submitted on: | NDE Processing Date | Payment Date |
| 10th *before noon* | 10th | + 2-3 days |
| 15th *before noon* | 15th | + 2-3 days |
| 20th *before noon* | 20th | + 2-3 days |
| After 20th | 10th *of the following month* | + 2-3 days |
| Date of deposit shifts to the following business day when payment date lands on a weekend or a holiday | | |

| The last date to submit a claim is 60 days following the last day of the month covered by the claim. | |
|---|---|
| *For the month of:* | *Last day for submission:* |
| January | April 1 *(Leap Year March 31)* |
| 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 *(Leap Year February 29)* |