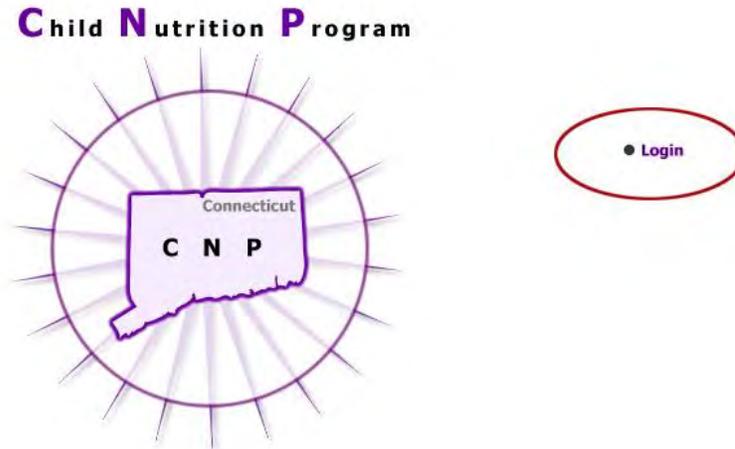


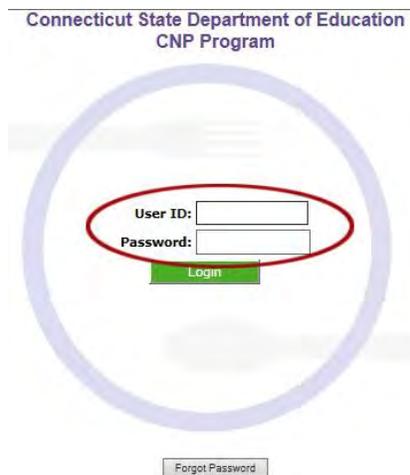
## Summer Food Service Program (SFSP)

# Online Claim Filing Instructions for CLAIM PREPARERS

1. **ACCESS** the Connecticut State Department of Education (CSDE) Child Nutrition Programs (CNP) Online Claiming System at [www.csde.state.ct.us/connecticutprod](http://www.csde.state.ct.us/connecticutprod).
2. Click on **LOGIN** (upper right) to display the CNP Login Page.



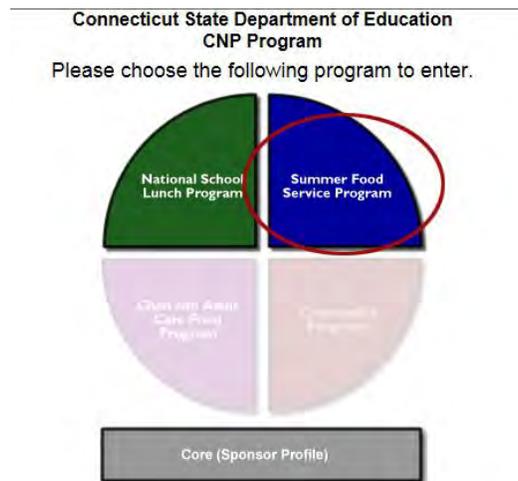
3. **ENTER** your unique **User ID** and **Password**.



**Note:** If your institution participates in another Child Nutrition Program such as the National School Lunch Program (NSLP) or Child and Adult Care Food Program (CACFP) **and** you have a previously-assigned **User ID and Password** for that program, the CSDE has modified your existing codes to also work with the online SFSP module.

## SFSP Online Claim Filing Instructions for Claim Preparers

- Click on the **SUMMER FOOD SERVICE PROGRAM (SFSP)** module in the upper right blue quadrant.



- Click on **CLAIMS** (top left) then click on the first option below, **CLAIM**.

Connecticut State Department of Education  
Summer Food Service Program

CRRS Home Sponsor Profile NSLP Home SFSP Home Exit

● Applications  
● News  
● **Claims**  
● Claim  
● Claim History  
● Payment Summary  
● Advance  
● Maintenance  
● Reports

**Connecticut State Department of Education**  
Last Updated July 1, 2015

*Welcome to the Connecticut Child Nutrition Programs' Online System.*

The online system is OPEN for claiming. All SFSP sponsors will file online claims for 2015.

**NOTE:** It is preferred that claims be filed for individual months (June, July, August), however combined claims can be submitted if indicated on your application approval letter. If this option is exercised, the sponsor must still submit monthly meal counts to the Summer Meals Coordinator .

**IMPORTANT NOTE:** The CNP Online System **REQUIRES** the use of **INTERNET EXPLORER**. Please use only **INTERNET EXPLORER** for all transactions. Issues with **INTERNET EXPLORER** version 10.0 can be corrected as follows: go to the Internet Explorer menu and select: **Tools/Compatibility View Settings**; check the box '**Display all websites in Compatibility View**,' then proceed to the online claiming system.

This institution is an Equal Opportunity Provider/Affirmative Action/Equal Opportunity Employer.

## SFSP Online Claim Filing Instructions for Claim Preparers

- The **Summer Food Service Program Claim Form** entry screen will appear. You will see your institution name (under **Sponsor Name**) and agreement number. Check that the current **Program Year** indicates **2015**. Click **SELECT** under **Action**.

**Summer Food Service Program Claim Entry**

Summer Food Service Program			
Sponsor Name	Program Year	Agreement Number	Action
Summer Food Service Program	2015	000000	Select

Cancel

- The **Claim Month Summary Page** will appear. You will notice that the claim is in **error status** because even though it has been entered into the online system, it has not been submitted for payment.

- Click on the **CLAIM MONTH** of the claim that you want to submit to the system for payment. For example, if you want to submit the claim for the month of June 2015, click on **Jun 2015**.

**Summer Food Service Program Claim(s)**

Institution Information				
Sponsor Name			Agreement Number	
Summer Food Service Program			000000	
Select a Claim Month				
Program Year: 2015				
Claim Month	Revision Number	Claim Status	Month to Date	
Oct 2014			Earned Amount	Amount Paid
Nov 2014				
Dec 2014				
Jan 2015				
Feb 2015				
Mar 2015				
Apr 2015				
May 2015				
Jun 2015				
Jul 2015				
Aug 2015				
Sep 2015				
Year-to-Date Totals			\$0.00	\$0.00

< Back   Cancel

- The **first time** you access the month's claim, the following message will appear: "Currently, there are no claims for this Sponsor."

# SFSP Online Claim Filing Instructions for Claim Preparers

8. Select **ADD CLAIM**.

Connecticut State Department of Education  
Summer Food Service Program

CRRS Home Sponsor Profile NSLP Home SFSP Home Exit

### Summer Food Service Program Claim(s)

Monthly Claim Form					
Sponsor Name	Agreement Number	Month Claimed	Program Year		
Summer Food Service Program	000000	Jun 2015	2015		
Claim(s)					
Revision Number	Received Date	Paid Date	Claim Amount	Status	Action
Currently, there are no claims for this Sponsor.					

< Back **Add Claim**

- The claim for the selected month will appear.

Connecticut State Department of Education  
Summer Food Service Program

CRRS Home SFSP Home Exit

Connecticut State Department of Education  
Office of Child Nutrition  
25 Industrial Park Road  
Middletown, CT 06457-1543  
Phone: (860) 807-2078  
Fax: (860) 807-2084

### Summer Food Claim Form

Claim Form						
Sponsor Name	Agreement Number	Month Claimed	Revision #			
Summer Food Service Program	000000	Jun 2015	Original			
Submission Type:	Original	Received Date:	07/07/2015			
# of Sites Claiming:	Breakfast	Lunch	Supper	A.M. Snack	P.M. Snack	
1. Number of Sites this Claim Period	<input type="text"/>					
Program Information:						
2. Number of Operating Days	<input type="text"/>					
3. Average Daily Attendance	<input type="text"/>					
4. Total Enrollment	<input type="text"/>					
Meals Served to:	Breakfast	Lunch	Supper	A.M. Snack	P.M. Snack	Total
5. Eligible Children (1 <sup>st</sup> meal)	<input type="text"/>	= <input type="text"/>				
6. Eligible Children (2 <sup>nd</sup> meals)	<input type="text"/>	= <input type="text"/>				

I certify that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing Agreement(s); and that payment therefore has not been received. I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I also understand that deliberate misrepresentation may subject me to prosecution under applicable state criminal statutes. I further certify that all claims for reimbursement shall be submitted to CSDE no later than 60 days after the end of the claim period. I understand that failure to submit claims within the 60-day deadline may result in such claims not being paid. I also understand that according to 7 CFR 225.9 (d.) the sponsor shall not be eligible for reimbursement for operating and administrative costs unless there is an agreement executed with CSDE.

Note: Clicking the **Submit** button will submit this claim entry to the Child Nutrition System. Please review your entries before submitting this information.

Redisplay < Back Cancel **Submit**

## SFSP Online Claim Filing Instructions for Claim Preparers

9. **COMPLETE** the claim for the site using the instructions below.

**Note:** The online system pre-fills the Sponsor Name, Agreement Number, Claim Month and Year, claim status (Original or Revision) and the Date.

<b>SFSP CLAIM INSTRUCTIONS</b>	
<b>Line 1 (Number of Sites Claiming)</b>	
<b>Line 1: Number of Sites this Claim Period</b>	Enter the <b>total number of sites</b> that are being claimed for each meal/snack service for the claim period indicated at the top of the page.
<b>Lines 2-4 (Program Information)</b>	
<b>Line 2: Number of Operating Days</b>	Enter the <b>total number of days</b> that food service operated during the month covered by this report. If there are <b>MULTIPLE SITES</b> , enter the highest number of days that any one site operated food service during the month.
<b>Line 3: Average Daily Attendance</b>	Enter the <b>average daily attendance (ADA)</b> of eligible children for the month covered by this report. Calculate this number by dividing the <b>highest meal/snack served</b> by the number of <b>operating days</b> in the month.
<b>Line 4: Total Enrollment</b>	Enter the <b>number of eligible children</b> listed as enrolled, regardless of whether they attended. Calculate this number by adding the CSDE approved ADA for all sites together.
<b>Lines 5-6 (Meals Served To)</b>	
<b>Line 5: Eligible Children (1st Meal)</b>	<p>If there is only <b>ONE SITE</b>, enter the <b>total number of first meals</b> served to eligible children for each meal/snack claimed. If there are <b>MULTIPLE SITES</b>, <b>consolidate the number of first meals</b> served to eligible children by meal/snack for all sites, and report the <b>consolidated total</b> for the entire institution.</p> <p>Enter the <b>grand total</b> of first meals in the far right TOTAL field. Failure to complete this field correctly will result in the following error message: "The total entered is not correct. Please re-enter."</p>
<b>Line 6: Eligible Children (2nd Meals)</b>	<p>If there is only <b>ONE SITE</b>, enter the total number of second meals served to eligible children for each meal/snack claimed. If there are <b>MULTIPLE SITES</b>, <b>consolidate the number of second meals</b> served to eligible children by meal/snack for all sites, and report the <b>consolidated total</b> for the entire institution.</p> <p>Enter the <b>grand total</b> of second meals in the far right TOTAL field. Failure to complete this field correctly will result in the following error message: "The total entered is not correct. Please re-enter."</p>

# SFSP Online Claim Filing Instructions for Claim Preparers

10. After all claim information has been entered, click **SUBMIT** at the bottom of the claim form.

**Connecticut State Department of Education**  
Summer Food Service Program

Office of Child Nutrition  
25 Industrial Park Road  
Middletown, CT 06457-1543

Phone: (860) 807-2078  
Fax: (860) 807-2084

### Summer Food Claim Form

Sponsor Name		Claim Form	
Summer Food Service Program	Agreement Number	Month Claimed	Revision #
	000000	Jun 2015	Original

Submission Type: Original      Received Date: 07/07/2015

# of Sites Claiming:	Breakfast	Lunch	Supper	A.M. Snack	P.M. Snack
1. Number of Sites this Claim Period	<input type="text"/>				

Program Information:

2. Number of Operating Days:

3. Average Daily Attendance:

4. Total Enrollment:

Meals Served to:	Breakfast	Lunch	Supper	A.M. Snack	P.M. Snack	Total
5. Eligible Children (1 <sup>st</sup> meal)	<input type="text"/>	= <input type="text"/>				
6. Eligible Children (2 <sup>nd</sup> meals)	<input type="text"/>	= <input type="text"/>				

I certify that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing Agreement(s); and that payment therefore has not been received. I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I also understand that deliberate misrepresentation may subject me to prosecution under applicable state criminal statutes. I further certify that all claims for reimbursement shall be submitted to CSDE no later than 60 days after the end of the claim period. I understand that failure to submit claims within the 60-day deadline may result in such claims not being paid. I also understand that according to 7 CFR 225.9 (d.) the sponsor shall not be eligible for reimbursement for operating and administrative costs unless there is an agreement executed with CSDE.

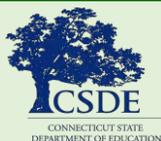
Note: Clicking the Submit button will submit this claim entry to the Child Nutrition System. Please review your entries before submitting for confirmation.

Redisplay < Back Cancel **Submit**

11. Click **EXIT** in the upper right corner of the blue frame to exit.

- If there are input or other types of errors, error messages will appear on the page. The claim preparer must resolve all errors except for **“Code 950 Submit rights are required to submit a claim!”** which requires the claim to be submitted for payment by an Authorized Signer.
- The claim preparer will need to contact one of the two Authorized Signers in order to submit the claim for reimbursement to the Connecticut State Department of Education (CSDE) for payment. **Claim preparers can enter claim information into the system, but they do not have access rights to submit claims for reimbursement.**
- After the monthly claim has been submitted for payment by one of the two Authorized Signers, the claim status will change from **“Errors”** to **“OK to Pay.”** This means that the claim has been successfully submitted to the CSDE for payment.

## SFSP Online Claim Filing Instructions for Claim Preparers



For more information on the SFSP, visit the CSDE's [SFSP](#) Web site or contact Caroline Cooke at [caroline.cooke@ct.gov](mailto:caroline.cooke@ct.gov) or 860-807-2144, Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457.

This handout is available at [www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sfsp/sfspclaim\\_preparer.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sfsp/sfspclaim_preparer.pdf).

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