

**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.

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	
Breakfast Meals Served Lunch Meals Served Snack Meals Served Supper Meals Served	In each applicable CNP column, list the eligible meals, ineligible meals and the total meals for the Seamless Summer Food Program site.
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.).