



Claiming for Meal Reimbursements

Child and Adult Care Food Program (CACFP)

Things You Should Know

- Meal reimbursements are submitted monthly by institutions that have active CACFP agreements with the Health and Nutrition Unit (HNU).
- Claims for meal reimbursements are processed for direct deposit weekly, on Friday.
- In order to receive your meal reimbursement timely, the claim must be submitted before 11:59 PM, Thursday.
- A monthly claim cannot be submitted prior to the end of the month for which you are claiming.
 - Example: the January 2019 claim cannot be submitted until February 1, 2019.

Things You Should Know

- Institutions participating in CACFP must submit their own monthly claims.
 - HNU staff will not submit claims on behalf of an institution.
- A claim month must be submitted to HNU within 60 days.
 - For example: The November 2018 claim must be submitted by January 29, 2019 in order to be reimbursed for November 2018 meals.
- In order for the meal reimbursements to be deposited into your bank account, you must first, provide a completed direct deposit form, a voided check (temporary checks cannot be used), and a W-9.

Issues that May Prevent You from Submitting a Claim

- Attempting to claim before your application has been approved.
- If you have made changes to your application that have not been approved by HNU.
- Attempting to claim for a month that has not ended.
- Attempting to claim for a month that is not marked on your application.
- Attempting to claim for a meal service that has not been approved on your application.
- Attempting to claim for more meals than you have been approved for.

Issues that May Prevent You from Submitting a Claim

- The amount of operating days entered exceeds what is listed in your application.
- The amount of free, reduced, and paid participants exceed the amount of meals that could be served within the approved days of operation listed in the SNP5 section of your application.
- The person attempting to submit the claim may have limited access to the SNP claims website or may not have an active account.

How to Submit a Claim

Access the following link:

<https://dhs.arkansas.gov/dccece/snpclaims/snpwelcomem.aspx>


Log in with your user name and password.

The screenshot shows the login page for the Arkansas Special Nutrition Program. At the top left is the 'nsas.gov' logo. Navigation links include 'Agencies', 'Online Services', and 'State Directory'. A banner features the text 'Special Nutrition Program' and 'Arkansas' in large, stylized fonts. Below the banner, it says 'Welcome' and 'Version 1.24.10 (09/27/2018)'. The main heading is 'Division of Child Care and Early Childhood Education Internet Claims Website'. The Arkansas Department of Human Services logo is prominently displayed, with the tagline 'A Community of Caring'. A yellow sidebar on the left contains various links: 'Arkansas Department of Human Services', 'Documents', 'Web Site', 'SLP Site', 'Nutrition Assoc.', 'ACFP Site', 'TSP Site', 'Statement Site', and 'Forum'. The main content area contains a login prompt: 'Please Enter User Name and Password to Access the System'. This is followed by a disclaimer: 'This is a government computer system and is the property of the Arkansas Department of Human Services. It is for authorized use only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy. Any or all uses of this system and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized site, Department of Human Services, and law enforcement personnel, as well as authorized officials of other agencies, both domestic and foreign. By using this system, the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of authorized site or Department of Human Services personnel. Unauthorized or improper use of this system may result in administrative disciplinary action and civil and criminal penalties. Unauthorized access prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code, Section 1030, and subject the individual to Criminal and Civil penalties pursuant to Title 26, United States Code, Sections 7213, 7213A (the Taxpayer Browsing Act), and 7431. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use. LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.' Below the disclaimer are two input fields for 'User Name' and 'Password', and two buttons labeled 'OK' and 'Cancel'.

How to Submit a Claim

- Select your agreement number and select enter claim.
- Select the claim month and year you wish to claim for and click search.
- Next, select verify eligibility.

CACFP Child/Adult Care Food Program - Claim Entry

 - MAGNOLIA SPECIALIZED SERVICES CHILD ENRICHMENT C
PO BOX 595
MAGNOLIA, AR 71753
TIN: 710397527

Claim Month
Claim Year



How to Submit a Claim

- Click select under Claim Listing for Month/Year Requested.
- Next, select a facility to enter meal data under Site Listing for Current Claim.

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Claim Month
 Claim Year

Claim Listing for Month/Year Requested

Select	Adjust	<u>Submit Date</u>	<u>Month</u>	<u>Claim Year</u>	<u>Status</u>	<u>Submitted</u>
<input type="button" value="Select"/>	<input type="button" value="Adjust"/>		12	2018	Inactive	NO
1						

Site Listing for Current Claim

Select	<u>Amount</u>	<u>Date Entered</u>	<u>Name</u>	<u>Lic #</u>	<u>AllowReimb</u>
<input type="button" value="Select"/>	No Claim	No Claim	CHILD ENRICHMENT CENTER	16179	True
<input type="button" value="Select"/>	No Claim	No Claim	MAGNOLIA SPECIALIZED SERVICES-ADULT		True

How to Submit a Claim

- Enter meal data for each facility listed.
- Enter the Number of Days of Operation: amount of days meals were served that month.
- Enter the amount of eligible meals served for breakfast, lunch, supper, and supplements/snacks.
- Enter the total amount of enrolled eligible free, reduced, and paid participants served for that claim month.
- Enter 0 for any text box that is not applicable.
- Select calculate
- Select save



Number of Days In Operation

<u>Meal Counts</u>	<u>CCC</u>	<u>At Risk</u>	<u>Adult Care</u>
Number of Breakfast	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
Number of Lunches	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
Number of Supplements	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
Number of Suppers	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
Number Free Eligible	<input type="text"/>		
Number Reduced Eligible	<input type="text"/>		
Number Paid Eligible	<input type="text"/>		

Average Daily Attendance CCC At Risk Adult

Cash in Lieu Total

Food Service Total

Subtotal

How to Submit a Claim

- After entering, calculating, and saving all meal data for all facilities, select [View Claim Summary](#).
- When you access the Claim Summary page, enter the [Cost of Food](#) amount for the claim month and select [Submit](#).

Advance Amount

\$0.00

Balance Due

\$0.00

Payment Plan Amount

\$0.00

Previous Claim Amount

\$0.00

Amount Paid

\$0.00

15% of Claim: \$0.00

Date Signed

01/28/2019

Comments

