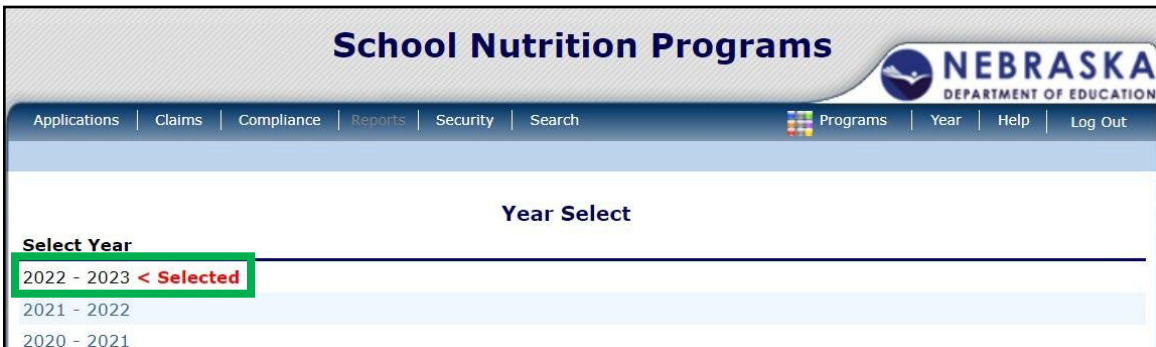


**Nebraska Department of Education**  
**Office of Nutrition Services**  
SNP Claim Entry Hints & Tips  
(Rev. 09/22)

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).



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

**School Nutrition Programs**

Applications | **Claims** | Compliance | Reports | Security | Search | Programs | Year | Help | Log Out

Claims > School Year: 2022 - 2023

Item	Description
<b>Claim - SNP</b>	School Nutrition Program Claims
Claim - SSO	Seamless Summer Option Claims
Claim - FFVP	Fresh Fruit and Vegetable Program Claims
Claim Rates	View current claim rates
Payment Summary	Summary of payments made to this Sponsor
Grant Award Notification	Grant Award Notification

- 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
<b>Aug 2022</b>					\$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

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

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
<b>There are no claims for this month.</b>						
<b>Total Earned</b>					\$0.00	
		<input type="button" value=" &lt; Back"/> <input style="background-color: red; color: white;" type="button" value=" Add Original Claim"/>				



- 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. Complete the [Attachment J Edit Check worksheet](#) or utilize the edit check from your site's software program (if available) to ensure accurate meal count totals are entered into the monthly claim. 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. The Number of Enrolled Children will automatically populate based on the responses provided in G1, G2, and G3.

G5. The Attendance Factor Percentage will automatically populate after responses are entered into L1 and L2 (see instructions/screenshot for these below).

2022 - 2023 SNP Site Claim Report					
Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Aug 2022	0				
School Nutrition Program General Information					
G1. Number of Children Approved for Free Meals:			<input type="text"/>		
G2. Number of Children Approved for Reduced Price Meals:			<input type="text"/>		
G3. Number of Children Approved for Paid Meals:			<input type="text"/>		
G4. Number of Enrolled Children:			0		
G5. Attendance Factor Percentage:			0		



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.**

<b>National School Lunch Program</b>	
L1. Number Operating Days:	<input type="text"/>
L2. Average Daily Attendance:	<input type="text"/>
L3. Reimbursable Lunches Served	
a. Free Lunches Served:	<input type="text"/>
b. Reduced Price Lunches Served:	<input type="text"/>
c. Paid Lunches Served:	<input type="text"/>
d. Total Lunches Served (a + b + c):	<input type="text"/>

**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.**

<b>School Breakfast Program</b>	
N1. Number Operating Days:	<input type="text"/>
N2. Average Daily Attendance:	<input type="text"/>
N3. Reimbursable Breakfasts Served	
a. Free Breakfasts Served:	<input type="text"/>
b. Reduced Price Breakfasts Served:	<input type="text"/>
c. Paid Breakfasts Served:	<input type="text"/>
d. Total Breakfasts Served (a + b + c):	<input type="text"/>

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



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.**

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



### 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.

<b>Afterschool Care Program (Area Eligible)</b>	
A1. Number of Children Approved for Free Snacks:	<input type="text"/>
A2. Number Operating Days:	<input type="text"/>
A3. Average Daily Attendance:	<input type="text"/>
A4. Reimbursable Snacks Served	
a. Free Snacks Served:	<input type="text"/>

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				

<b>Afterschool Care Program (Area Eligible)</b>	
A1. Number of Children Approved for Free Snacks:	<input type="text"/>
A2. Number Operating Days:	<input type="text"/>
A3. Average Daily Attendance:	<input type="text"/>
A4. Reimbursable Snacks Served	
a. Free Snacks Served:	<input type="text"/>

Created By:



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

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.

<b>Claim Reimbursement Total</b>	<b>1,526.00</b>
<b>Certification</b>	
<input checked="" type="checkbox"/> 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).	
<input type="button" value=" &lt; Back"/> <input style="border: 2px solid green;" type="button" value="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
Aug 2022	0	09/22/2022	09/22/2022		Original

Confirmation Number: **GK9C9C**

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

An email confirmation has been sent to:

