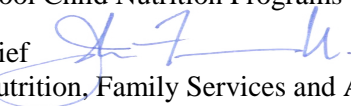




**STATE OF CONNECTICUT**  
DEPARTMENT OF EDUCATION



**TO:** Sponsors of the School Child Nutrition Programs

**FROM:** John Frassinelli, Chief   
Bureau of Health/Nutrition, Family Services and Adult Education

**DATE:** October 15, 2013

**SUBJECT:** **Operational Memorandum #1-14**  
Schedule for Submission of Online Reimbursement Claim Data

The Code of Federal Regulations for the National School Lunch Program [§ 210.8(b)(1)] outlines the time limits for submission of claims for reimbursement to State agencies by sponsors. The due date for the claim form is the 15<sup>th</sup> of the month following the last day of the month covered by the claim or as noted on the new schedule below when the 15<sup>th</sup> falls on a weekend or holiday. Final claims, including revisions, must be submitted no later than 60 days following the last day of the month covered by the claim. Claims not filed or corrected within the 60 days may not be paid. The new schedule is listed on the next page.

As a reminder, sponsors must adhere to this schedule to ensure timely payment of claims. The claim system will be locked at the close of the workday on the date indicated in column 2 on the Schedule for Submission of Claims. Additionally, during a certain period every month, claims are locked due to processing. The timeframe for processing varies; therefore, if you are locked out and cannot submit your online claim, we suggest that you try daily until the claims are unlocked.

**Note:** If you are submitting a **late claim** that is reaching the final deadline date for submission outlined in column 4 and the claiming system is locked, you should submit this claim on the attached paper Claim for Reimbursement form. The claim instructions are also attached. ***This form may only be used for the submission of late claims that are approaching the final deadline date.*** These claims must be sent to the attention of Avis Kelly at the Bureau of Health/Nutrition, Family Services and Adult Education, Child Nutrition Programs, 25 Industrial Park Road, Middletown, CT 06457. These forms must be postmarked no later than the date in column 4.

Questions may be directed to:

Consultants for School Nutrition Programs	
County	Consultant
• Fairfield County	Fionnuala Brown <a href="mailto:fionnuala.brown@ct.gov">fionnuala.brown@ct.gov</a> 860-807-2129
• Hartford County (towns/cities beginning with A-R)	Teri Dandeneau <a href="mailto:teri.dandeneau@ct.gov">teri.dandeneau@ct.gov</a> 860-807-2079
• Hartford County (towns/cities beginning with S-W) • Windham County	Susan Alston <a href="mailto:susan.alston@ct.gov">susan.alston@ct.gov</a> 860-807-2081
• Litchfield County	Allison Calhoun-White <a href="mailto:allison.calhoun-white@ct.gov">allison.calhoun-white@ct.gov</a> 860-807-2008
• Middlesex County • Tolland County	Andy Paul <a href="mailto:andrew.paul@ct.gov">andrew.paul@ct.gov</a> 860-807-2048
• New Haven County	Jackie Schipke <a href="mailto:jackie.schipke@ct.gov">jackie.schipke@ct.gov</a> 860-807-2123
• New London County	Monica Pacheco <a href="mailto:monica.pacheco@ct.gov">monica.pacheco@ct.gov</a> 860-807-2073

**Schedule for Submission of Online Reimbursement Claim Data  
 Connecticut State Department of Education  
 Bureau of Health/Nutrition, Family Services and Adult Education  
 October 1, 2013 - September 30, 2014**

(1)	(2)	(3)	(4)
<b>Reimbursement Claim Month</b>	<b>This DUE DATE is the date the claim must be received by the State Agency to ensure prompt payment</b>	<b>This is the date that the reimbursement claim check is due to be paid if the State Agency receives claim by the date in Column (2)</b>	<b>FINAL DEADLINE To receive payment, this is the final date that the claim can be submitted* to the State Agency</b>
October 2013	November 15, 2013	December 30, 2013	December 30, 2013
November	December 16	January 29, 2014	January 29, 2014
December	January 15, 2014	March 1	March 1
January 2014	February 14	April 1	April 1
February	March 14	April 29	April 29
March	April 15	May 30	May 30
April	May 15	June 30	June 28
May	June 16	July 30	July 30
June	July 15	August 29	August 29
July	August 15	September 29	September 29
August	September 15	October 30	October 30
September	October 15	November 29	November 29

**\*Definition:** “Submitted” means mailed (postmarked).

1. Claims are due (received by State agency) by the date in column (2). Claims received by this date will be processed for timely payment listed in column (3).
2. Final claim data **MUST** be received “On-Line” by the date in column (4) to comply with the required time frame (60 days).
3. Claim forms (original or revised) must be submitted “On-Line” by the date in column (4) final deadline, to ensure receipt of program reimbursement. Exceptions are granted on a case-by-case basis.

JF:tdd

Attachments: (2)

**CONNECTICUT STATE DEPARTMENT OF EDUCATION**  
 Bureau of Health/Nutrition, Family Services and Adult Education  
 25 Industrial Park Road  
 Middletown, Connecticut 06457-1543  
**REIMBURSEMENT CLAIM FOR NATIONAL SCHOOL LUNCH, SCHOOL BREAKFAST, AND SPECIAL MILK**  
 INSTRUCTIONS

Original	_____
1 <sup>st</sup> Revision	_____
2 <sup>nd</sup> Revision	_____

1. This form is to be used for the submission of **LATE claims only**. Late claims are those claims that are approaching the **final deadline date** as indicated on the Schedule for Submission of Online Reimbursement Claim Data.
2. Complete all items using zero or N/A where appropriate.
3. Retain a copy in your files for three years.

<b>SCHOOL FOOD AUTHORITY:</b>					<b>AGREEMENT #:</b>					<b>CLAIM MONTH AND YEAR:</b>						
<b>PREPARED BY (NAME, TITLE &amp; TELEPHONE):</b>					<b>DATE:</b>					<b>AVERAGE DAIRY COST OF ½ PINT MILK PURCHASED:</b>						
1 School/ Site	2 Operational Information		3 Eligible Children		4 Lunches Served			5 Regular Breakfasts Served			6 Severe Need Breakfasts Served			7 Special Milk Enrolled Half Pints Served		
	A Operating days	B Total Enrolled	A Free Enrolled	B Reduced Enrolled	A Free	B Reduced	C Paid	A Free	B Reduced	C Paid	A Free	B Reduced	C Paid	A Children Eligible Free	B Free	C Paid

<b>8. Total Number of After-School "At-Risk" Program Snacks Served:</b>	Area Eligible Free	Income Eligible Free	Total Free	Reduced	Paid

**- SIGN ON THE LAST PAGE ONLY -**

I certify that the information supplied above is correct to the best of my knowledge, that records are available to support this claim, that this claim is in accordance with the terms of existing Agreements(s), and that payment has not been received.

\_\_\_\_\_  
**Signature of Authorized Representative of School Food Authority**

\_\_\_\_\_  
**Date**

## Paper Claim for Reimbursement Form Instructions

This form is to be used for the submission of **LATE claims only**. Late claims are those claims that are approaching the **final deadline date** as indicated on the Schedule for Submission of Online Reimbursement Claim Data. To download a copy of the Schedule, go to the Schedule for Submission of Online Reimbursement Claim Data link:

<b>General Information</b>	Enter the claim sequence (original or revision, as appropriate). Enter the name of the school food authority, agreement number, claim month and year, name, title and phone number of the person preparing the claim, and the date the claim was prepared.
<b>Cost/Half Pint Milk</b>	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.
<b>Column 1</b>	List the two digit school code assigned by the CT State Department of Education for each school/site in your district or organization. This code is assigned by the CT State Department of Education.
<b>Column 2A</b>	List the highest number of days you served lunch, breakfast or special milk, for the claim month for each school/site, e.g. if you served lunch 17 days and breakfast 18 days and had class 19 days during the claim month, you would enter 18 operating days for that school/site.
<b>Column 2B</b>	List the total number of children enrolled in each school/site for each month. This should reflect the highest census figure for any day of the month. Include Kindergarten & Pre-Kindergarten Children if they participate in the National School Lunch Program, School Breakfast Program or the Special Milk Program.
<b>Column 3A &amp; 3B</b>	List the <u>total number</u> of children eligible for free and reduced price meals <u>during the claim month</u> for each school/site.
<b>Column 4A, B, &amp; C</b>	List the <u>lunches</u> served by category (free, reduced, and paid) for each school/site during the claim month.
<b>Column 5A, B, &amp; C</b>	List the <u>breakfasts</u> served in each non-severe need school/site during the claim month.
<b>Column 6A, B, &amp; C</b>	List the <u>breakfasts</u> served in each <u>severe need</u> school/site during the claim month.
<b>Column 7A</b>	List the total number of the children eligible for free milk in each milk only school/site and the number of children eligible for free milk who are enrolled in split session kindergarten classes.
<b>Column 7B &amp; C</b>	List the number of half pints of milk served by category (free or paid) for each school for the claim month.
<b>Column 8</b>	List the total number of after school snacks served in all enrolled schools. List snacks served in area eligible schools (At least 50 percent of the enrolled children are eligible for free or reduced price meals) as area eligible free. List free snacks served in non-area eligible schools as income eligible free. Add the area eligible free and income eligible free together and list the total number of free snacks. List reduced and paid snacks served in non-area eligible schools.
<b>Signature</b>	One of the two representatives, as <b>authorized on the ED-099 Agreement</b> , must sign the claim form. <b>The person signing the claim form must be a different individual from the person that prepared the form.</b> 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 (Page 1 of 1, or Page 1 of 2, etc.).

**CONNECTICUT STATE DEPARTMENT OF EDUCATION**  
 Bureau of Health/Nutrition, Family Services and Adult Education  
 25 Industrial Park Road  
 Middletown, Connecticut 06457-1543  
**REIMBURSEMENT CLAIM FOR NATIONAL SCHOOL LUNCH, SCHOOL BREAKFAST, AND SPECIAL MILK**  
 INSTRUCTIONS

Original	_____
1 <sup>st</sup> Revision	_____
2 <sup>nd</sup> Revision	_____

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<b>PREPARED BY (NAME, TITLE &amp; TELEPHONE):</b>					<b>DATE:</b>					<b>AVERAGE DAIRY COST OF ½ PINT MILK PURCHASED:</b>						
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**- SIGN ON THE LAST PAGE ONLY -**

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**Signature of Authorized Representative of School Food Authority**

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**Date**

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