

Missouri Department of Health & Senior Services  
Summer Food Service Program

# Online Claiming Instructions

This instruction guide is intended to serve as a quick start guide and not a comprehensive explanation of the operation of CNPWeb. A copy of these instructions can be found on the SFSP website: <http://www.health.mo.gov/living/wellness/nutrition/foodprograms/sfsp/index.php> .

## Basic Claiming Procedures

Go to <https://dhssweb04.dhss.mo.gov/cnp>

Login using the User ID and Password issued to you. If you do not have one, have forgotten the password, or have any claim questions, please contact our office at 888-435-1464.



## Missouri Department of Health & Senior Services

Community Food and Nutrition Assistance

Please Enter

User ID:

Password:

Login

## Program Selection

After a successful login, you will see four puzzle pieces. Select the blue Summer Food Service Program piece.

Note: If you participate in the Child and Adult Care Food Program, you will have access to both systems.



## Missouri Department of Health & Senior Services

Community Food and Nutrition Assistance



Click on a puzzle piece above for the Child Nutrition Program you wish to access!

[Exit Web Site](#)

## Notification Page

After selecting the appropriate puzzle piece, you will be directed to the notification page. Important SFSP information and resources will be posted on this page to include links to instructions, forms, program news, and updates. After carefully reading this page, click **Continue**.

*After reading this message, click on the "Continue" button at the bottom of the page.*

# Welcome to the Summer Food Service Program CNPWeb System

Continue

## Program Year Selection

Choose the current program year. For example, Sponsors will select Program Year 2022 for SFSP 2022 operation. The dates on the pictures are for reference only.

Program Year	Program Begin Date	Program End Date
<a href="#">2007</a>	October 1, 2006	September 30, 2007
<a href="#">2008</a>	October 1, 2007	September 30, 2008
<a href="#">2009</a>	October 1, 2008	September 30, 2009
<a href="#">2010</a>	October 1, 2009	September 30, 2010
<a href="#">2011</a>	October 1, 2010	September 30, 2011
<a href="#">2012</a>	October 1, 2011	September 30, 2012
<a href="#">2013</a>	October 1, 2012	September 30, 2013
<a href="#">2014</a>	October 1, 2013	September 30, 2014
<a href="#">2015</a>	October 1, 2014	September 30, 2015
<a href="#">2016</a>	October 1, 2015	September 30, 2016
<a href="#">2017</a>	October 1, 2016	September 30, 2017
<a href="#">2018</a>	October 1, 2017	September 30, 2018
<a href="#">2019</a>	October 1, 2018	September 30, 2019
<a href="#">2020</a>	October 1, 2019	September 30, 2020

## Sponsor Summary



After selecting the year, you will see the Sponsor Summary page.

Click on the **Claims** tab to see the months available for claiming. You will be able to enter a claim beginning on the last operating day of the month for your program.

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### Sponsor Summary

**A A A Test Sponsor (3416)**

Packet		Applications	Activity	Claims	Payments	Users	
Item	Req	On-Line Forms Description			Count/Date	Status	
1	*	Sponsor Information Sheet				Approved	
2	*	Sponsor Budget Form				Approved	
3	*	Site Information Sheet				Approved	
4		Forms Submitted to State for Approval			2/7/2020	Approved	
5		Forms Approved by the State			2/7/2020	Approved	
Item	Req	Off-Line Forms Description			Date Sent	Date Received	Date Complete
6	*	Documentation of 501(c)(3) Status			1/3/2020	1/3/2020	1/3/2020
7	*	Vendor Input/Direct Deposit Form			1/3/2020	1/3/2020	1/3/2020
8	*	Policy Statement			1/3/2020	1/3/2020	1/3/2020
9		Food Service Contract					
10	*	Nutritionist Pre-approval Visit			1/3/2020	1/3/2020	1/3/2020
11	*	Program Services Contract			1/3/2020	1/3/2020	1/3/2020
12	*	E-Verify Notarized Affidavit and Box B (Exhibit A, Pages 2-3)			1/3/2020	1/3/2020	1/3/2020
13	*	Sponsor Training Attendance			1/3/2020	1/3/2020	1/3/2020
14	*	E-Verify Memorandum of Understanding			 1/3/2020	1/3/2020	1/3/2020
15	*	Business Management Assessment (BMA) (must be completed on the DHSS site)			 1/3/2020	1/3/2020	1/3/2020


Click [here](#) to Update Dates on Off-Line Forms

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## Sponsor Claim

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**Sponsor Summary** **A A A Test Sponsor (3416)**

Packet	Applications	Activity	Claims	Payments	Users
Claim Month	Revision	Status	Claim Amount	Action	
January 2020	Claim should be entered between 1/31/2020 and 3/31/2020				 <a href="#">Add</a>
YTD Total			0.00		

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On the program's last operating day of the month, **Add** will show up in the **Action** column. Click **Add** to initiate the claim. You will then see a Sponsor Claim with no data.

Note: On this page, you may choose to check the box to combine claim months if the claim for the additional month is ten days or less.

To activate the claim, go straight to the bottom and click Save - **DO NOT** place a checkmark in the certification statement (19) at this time. If you do, you will get errors.

**SFSP**
Missouri Department of Health & Senior Services

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Sponsor Claim

**A A A Test Sponsor (3416)**  
123 Test Street Test City, MO 11111

January 2020  
Pending Submission  
Original Claim

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Claim Detail	(A)	(B)	(C)	(D)
	Month	ADP	Number of Sites	Operating Days
(1) Claim Month Selected	January	0	0	0

Eligible Meals Served to Children	(A)	(B)	(C)	(D)	(E)
Self-Prep or Rural-Vended Meals	Breakfast	AM Snack	Lunch	Supper	PM Snack
(4) First Meals	0	0	0	0	0
(5) Second Meals	0	0	0	0	0
(6) Total Meals					

Eligible Meals Served to Children	(A)	(B)	(C)	(D)	(E)
Urban - Vended Meals	Breakfast	AM Snack	Lunch	Supper	PM Snack
(7) First Meals	0	0	0	0	0
(8) Second Meals	0	0	0	0	0
(9) Total Meals					

(19)  I certify that all sites for which approval has been given were operational during the month claimed and that there has been no significant change in projected administrative costs since submission of program applications, receipt of advance payment or previous claim.

I certify that all enrolled sites had 50% or more eligible participants for the claim period represented on this form.

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 this is in accordance with the terms of existing agreement (s). I recognize that I will be fully responsible for any excess amounts that may result from erroneous or neglectful reporting herein.

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).

DHSS Internal Use Only

(20)  Override Edit Checks      (21) Reason for Exceptions ⏮ ⏭

(22)  Check here when the Claim has been reviewed by the State

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Created By:                      Date Created: 2/10/2020                      Modified By:                      Date Modified:

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Save    Cancel

After you hit save, the Sponsor Claim Summary page will appear.

Sponsor Claim Summary

**A A A Test Sponsor  
3416**

Submitted by on

January 2020  
Pending Submission  
Original Claim

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**Reimbursable Meal Counts**

Meals Served To:	Breakfast	Lunch	Supper	AM Snack	PM Snack
Eligible Children (1st Meal - High)	0	0	0	0	0
Eligible Children (2nd Meal - High)	0	0	0	0	0
2nd Meals Allowed (2% of 1st - High)	0	0	0	0	0
<b>Total Meals Served (High)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Meals Allowed (High)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Meals Served To:	Breakfast	Lunch	Supper	AM Snack	PM Snack
Eligible Children (1st Meal - Low)	0	0	0	0	0
Eligible Children (2nd Meal - Low)	0	0	0	0	0
2nd Meals Allowed (2% of 1st - Low)	0	0	0	0	0
<b>Total Meals Served (Low)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Meals Allowed (Low)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Operations**

Operating Reimbursement	Breakfast	Lunch	Supper	AM Snack	PM Snack
Meals Allowed	0	0	0	0	0
Operating Rates	2.1600	3.7600	3.7600	0.8700	0.8700
Reimbursement Amount	0.00	0.00	0.00	0.00	0.00
<b>Total Operating Reimbursement for Meals</b>	<b>0.00</b>				

**Administration**

Administrative Reimbursement	Breakfast	Lunch	Supper	AM Snack	PM Snack
Meals Allowed (High)	0	0	0	0	0
Administrative Rates (High)	0.2450	0.3825	0.3825	0.1075	0.1075
Reimbursement Amount (High)	0.00	0.00	0.00	0.00	0.00
<b>Total Administrative Reimbursement for Meals (High)</b>	<b>0.00</b>				

Administrative Reimbursement	Breakfast	Lunch	Supper	AM Snack	PM Snack
Meals Allowed (Low)	0	0	0	0	0
Administrative Rates (Low)	0.1700	0.3275	0.3275	0.0850	0.0850
Reimbursement Amount (Low)	0.00	0.00	0.00	0.00	0.00
<b>Total Administrative Reimbursement for Meals (Low)</b>	<b>0.00</b>				

**Operating Reimbursement Summary**

Description	Amount
Total Meals x Rates	0.00
Less January Previous Revision Operations Amount Paid	0.00
<b>Net Operating Earnings</b>	<b>0.00</b>

**Administrative Reimbursement Summary**

Description	Amount
Total Meals x Rates	0.00
Less January Previous Revision Administration Amount Paid	0.00
<b>Net Administrative Earnings</b>	<b>0.00</b>


**Net Earning for This Claim** **0.00**

Click [here](#) to go to the Sponsor Summary page or select another option from the menu above.

Click [here](#) and you will return to the main Sponsor Summary page. On this page you will be able to enter your site level claims.

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### Sponsor Summary A A A Test Sponsor (3416)


Packet	Applications	Activity	Claims	Payments	Users
Claim Month		Revision	Status	Claim Amount	Action
 January 2020	Sponsor Claim	0	Pending Submission	0.00	<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
YTD Total				0.00	

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Your Sponsor Claim should now be in *Pending Submission* status  
 Click on the folder next to the claim month (it should have a + in it). This will open the site level claims.

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### Sponsor Summary A A A Test Sponsor (3416)

Packet	Applications	Activity	Claims	Payments	Users
Claim Month		Revision	Status	Claim Amount	Action
 January 2020	Sponsor Claim	0	Pending Submission	0.00	<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
3416-1	test site			0.00	<a href="#">Add</a>
YTD Total				0.00	

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Click on Add next to the first site listed. This will open your site level claim for data entry.



Site Claim

test site (3416-1)

A A A Test Sponsor (3416)

January 2020

Complete

Original Claim

Submitted by Teresa Skaggs on 2/10/2020

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Claim Detail

	(A)	(B)	(C)
	Month	ADA	Operating Days
(1) Claim Month Selected	January	118	<input type="text" value="20"/>

Eligible Meals Served

	(A)	(B)	(C)	(D)	(E)
	Breakfast (-NA-)	AM Snack (-NA-)	Lunch (High)	Supper (-NA-)	PM Snack (-NA-)
(4) First Meals	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="2,364"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
(5) Second Meals	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="152"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
(6) Total Meals	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="2,516"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
(7) Total ADA	0	0	118	0	0

DHSS Internal Use Only

(12)  Override Edit Checks (13) Reason for Exceptions

Created By: skaggt1

Date Created: 2/10/2020

Modified By: skaggt1

Date Modified: 2/10/2020

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Enter Operating Days and the number of eligible meals served. Click Submit.

After the Site Claim is submitted correctly, you will see the following Post Confirmation message.

Post Confirmation

The **Site Claim** is **Complete**: Proceed to Sponsor Level Claim.

Click [here](#) to go to the Site Claim Listing or select another option from the menu above.

Click [here](#) and you should return to the Sponsor Summary page.  
Repeat this process for each of the site claims until they are all in Complete status.

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### Sponsor Summary A A A Test Sponsor (3416)

Packet		Applications	Activity	Claims	Payments	Users
Claim Month			Revision	Status	Claim Amount	Action
January 2020	<b>Sponsor Claim</b>		0	Pending Submission	0.00	<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
3416-1	test site		0	Complete	10,011.68	<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
<b>YTD Total</b>					0.00	

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## Errors

Post Confirmation

The **Site Claim** was posted to the database with a status of **Errors Detected**.

The form entered failed to pass the edit process because of either incomplete or incorrect information. These errors must be corrected before the form can be approved by DHSS. Please return to the entry form to review the errors and make the necessary corrections.

Click [here](#) to go to the Site Claim Listing or select another option from the menu above.

If you encounter an **Error**, click [here](#) to go to Sponsor Summary

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Sponsor Summary				A A A Test Sponsor (3416)		
Packet	Applications	Activity	Claims	Payments	Users	
Claim Month		Revision	Status	Claim Amount	Action	
January 2020	Sponsor Claim	0	Pending Submission	0.00	<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>	
3416-1	test site	0	<b>Errors</b>	0.00	<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>	
YTD Total				0.00		

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Click [Edit](#) next to the site Claim with the Error, review the explanation of the error, and correct the error.

**WARNING!** You must click [Edit](#) to make changes to the claim.  
Clicking [View](#) will allow you to enter the changes, but not submit them.

Site Claim

test site (3416-1)

A A A Test Sponsor (3416)

January 2020

Errors

Original Claim

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**Validation Errors**

Information entered did not pass all of the validation rules associated with this form. Please review the following messages for detailed information concerning the error and its severity. Messages with a severity of "1" must be corrected before this form can be processed. A severity of "2" indicates some information may be missing or incomplete but the form can be processed as is. You can scroll down to see where the errors occurred or click on a section number below to jump directly to the appropriate section.

Go to Section: [1](#)

**Section 1 - Validation Errors**

Field No.	Severity	Description
1C	1	Operating Days claimed cannot exceed the maximum number of days on the approved site application for the claim month. Max = 20

Go to Section: [1](#)

**Claim Detail**

	(A)	(B)	(C)
	Month	ADA	Operating Days
(1) Claim Month Selected	January	95	25

**Eligible Meals Served**

	(A)	(B)	(C)	(D)	(E)
	Breakfast (-NA-)	AM Snack (-NA-)	Lunch (High)	Supper (-NA-)	PM Snack (-NA-)
(4) First Meals	0	0	2,364	0	0
(5) Second Meals	0	0	152	0	0
(6) Total Meals	0	0	2,516	0	0
(7) Total ADA	0	0	95	0	0

**DHSS Internal Use Only**

(12)  Override Edit Checks (13) Reason for Exceptions

Created By: skaggt1

Date Created: 2/10/2020

Modified By: skaggt1

Date Modified: 2/10/2020

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Submit Calculate Cancel

Correct the errors and once corrected, submit it and you should see the Post Confirmation message stating the claim is in Complete status.

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### Sponsor Summary

A A A Test Sponsor (3416)

Packet	Applications	Activity	Claims	Payments	Users
Claim Month		Revision	Status	Claim Amount	Action
January 2020	Sponsor Claim	0	Pending Submission	0.00	<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
3416-1	test site	0	Complete	10,011.68	<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
YTD Total				0.00	

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After all Site Claims are in Complete status, you must submit your Sponsor Claim. Next to the Sponsor Claim, Click Edit.

**NOTE:** When your Sponsor Claim is in *Pending Submission* status you are ***NOT*** finished. Your Sponsor Claim is not properly submitted until it is in *Pending Approval* status.

The sponsor claim will automatically calculate based on the data entered into the individual site claims.

**SFSP**
Missouri Department of Health & Senior Services

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Sponsor Claim

**A A A Test Sponsor (3416)**  
 123 Test Street Test City, MO 11111

**January 2020**  
 Pending Submission  
 Original Claim

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Claim Detail	(A)	(B)	(C)	(D)
Month	ADP	Number of Sites	Operating Days	
(1) Claim Month Selected	January	118	1	20

Eligible Meals Served to Children	(A)	(B)	(C)	(D)	(E)
SelfPrep or Rural-Vended Meals	Breakfast	AM Snack	Lunch	Supper	PM Snack
(4) First Meals	0	0	2,364	0	0
(5) Second Meals	0	0	152	0	0
(6) Total Meals	0	0	2,516	0	0

Eligible Meals Served to Children	(A)	(B)	(C)	(D)	(E)
Urban - Vended Meals	Breakfast	AM Snack	Lunch	Supper	PM Snack
(7) First Meals	0	0	0	0	0
(8) Second Meals	0	0	0	0	0
(9) Total Meals	0	0	0	0	0

(19)  I certify that all sites for which approval has been given were operational during the month claimed and that there has been no significant change in projected administrative costs since submission of program applications, receipt of advance payment or previous claim.

I certify that all enrolled sites had 50% or more eligible participants for the claim period represented on this form.

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 this is in accordance with the terms of existing agreement (s). I recognize that I will be fully responsible for any excess amounts that may result from erroneous or neglectful reporting herein.

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).

DHSS Internal Use Only

(20)  Override Edit Checks      (21) Reason for Exceptions

(22)  Check here when the Claim has been reviewed by the State

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Created By: skaggt1      Date Created: 2/10/2020      Modified By: skaggt1      Date Modified: 2/10/2020

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To submit the claim you must certify that all information is correct to the best of your knowledge. You MUST click on the certification statement (19) to certify. Then click Save.

**NOTE: If you do not put a checkmark in the certification statement box your claim will remain in *Pending Submission* and will not be reviewed and approved for payment.**

After you hit Save, you will have a chance to review the claim summary.

SFSP		Missouri Department of Health & Senior Services				
Sponsor Claim Summary						
<b>A A A Test Sponsor</b>		January 2020				
<b>3416</b>		Pending Approval				
Submitted by Teresa Skaggs on 2/10/2020		Original Claim				
↓ Bottom of Form						
<b>Reimbursable Meal Counts</b>						
Meals Served To:	Breakfast	Lunch	Supper	AM Snack	PM Snack	
Eligible Children (1st Meal - High)	0	2,384	0	0	0	
Eligible Children (2nd Meal - High)	0	152	0	0	0	
2nd Meals Allowed (2% of 1st - High)	0	47	0	0	0	
<b>Total Meals Served (High)</b>	<b>0</b>	<b>2,516</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Total Meals Allowed (High)</b>	<b>0</b>	<b>2,411</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Meals Served To:	Breakfast	Lunch	Supper	AM Snack	PM Snack	
Eligible Children (1st Meal - Low)	0	0	0	0	0	
Eligible Children (2nd Meal - Low)	0	0	0	0	0	
2nd Meals Allowed (2% of 1st - Low)	0	0	0	0	0	
<b>Total Meals Served (Low)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Total Meals Allowed (Low)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Operations</b>						
Operating Reimbursement	Breakfast	Lunch	Supper	AM Snack	PM Snack	
Meals Allowed	0	2,411	0	0	0	
Operating Rates	2.1600	3.7600	3.7600	0.8700	0.8700	
Reimbursement Amount	0.00	9,065.36	0.00	0.00	0.00	
<b>Total Operating Reimbursement for Meals</b>						<b>9,065.36</b>
<b>Administration</b>						
Administrative Reimbursement	Breakfast	Lunch	Supper	AM Snack	PM Snack	
Meals Allowed (High)	0	2,411	0	0	0	
Administrative Rates (High)	0.2450	0.3925	0.3925	0.1075	0.1075	
Reimbursement Amount (High)	0.00	946.32	0.00	0.00	0.00	
<b>Total Administrative Reimbursement for Meals (High)</b>						<b>946.32</b>
Administrative Reimbursement	Breakfast	Lunch	Supper	AM Snack	PM Snack	
Meals Allowed (Low)	0	0	0	0	0	
Administrative Rates (Low)	0.1700	0.3275	0.3275	0.0850	0.0850	
Reimbursement Amount (Low)	0.00	0.00	0.00	0.00	0.00	
<b>Total Administrative Reimbursement for Meals (Low)</b>						<b>0.00</b>
<b>Operating Reimbursement Summary</b>						
Description						Amount
Total Meals x Rates						9,065.36
Less January Previous Revision Operations Amount Paid						0.00
<b>Net Operating Earnings</b>						<b>9,065.36</b>
<b>Administrative Reimbursement Summary</b>						
Description						Amount
Total Meals x Rates						946.32
Less January Previous Revision Administration Amount Paid						0.00
<b>Net Administrative Earnings</b>						<b>946.32</b>
<b>Net Earning for This Claim</b>						<b>10,011.68</b>

Click [here](#) to go to the Sponsor Summary page or select another option from the menu above.

Click [here](#) to return to the Sponsor Summary page.

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### Sponsor Summary

A A A Test Sponsor (3416)

Packet	Applications	Activity	Claims	Payments	Users
Claim Month		Revision	Status	Claim Amount	Action
📁 January 2020	<b>Sponsor Claim</b>	0	Pending Approval	10,011.68	<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
3416-1	test site	0	Complete	10,011.68	<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
YTD Total				10,011.68	

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When the Sponsor Claim has been successfully submitted, it will be in *Pending Approval* status. Once in Pending Approval status, you will not be able to revise the claim. You must contact the SFSP central staff for assistance.

### Claim Approval

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### Sponsor Summary

A A A Test Sponsor (3416)

Packet	Applications	Activity	Claims	Payments	Users
Claim Month		Revision	Status	Claim Amount	Action
📁 January 2020	<b>Sponsor Claim</b>	0	Approved	10,011.68	<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
3416-1	test site	0	Complete	10,011.68	<a href="#">View</a>
YTD Total				10,011.68	

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After the claim has been reviewed and approved, the status will indicate *Approved*.



## **General Claiming Notes**

To *save your claim progress without actually submitting it to the state*, simply click on Save at the bottom of the online claim form.

When you have completed the entry of the claim and are ready to submit to the state, read the certification clause (field 19). If you agree with the statement, click the box to place a √ in it. Then click the Submit button. If there are not errors, it will be submitted to the state. If you do have errors see the **Errors** portion of this instruction packet.

A claim **has not** been properly submitted to the state for approval until the claim has achieved the *Pending Approval* status.

## **Claim Detail**

Operating Days - the system will refer back to Site Information Sheet for accuracy. If the number entered on the claim is greater than what is on the Site Information Sheet, you will get an error.

## **Eligible Meals Served to Children**

Meals that are totaled in your site claims and placed in fields 4, 5, 7 and 8 on the site claim sheet will be automatically verified against the Site Information Sheet to make sure each site is approved for that particular meal. The system will not let you claim more than CAP x Operating Days for approved meals.

The claim must also be consistent with the Site Information Sheet regarding Urban/Rural and Self-Prep/Vended categories. Discrepancies with information entered in the Site Information Sheet will result in an error.

Contact the SFSP central office regarding any questions on errors received.

## Payment Status

Now the payment has been *Paid*.

↓ Bottom of Form

### Sponsor Summary

**A A A Test Sponsor (3416)**

Packet	Applications	Activity	Claims	Payments	Users
Claim Month		Revision	Status	Claim Amount	Action
📅 January 2020	Sponsor Claim	0	Paid	10,011.68	<a href="#">View</a> <a href="#">Revise</a>
YTD Total				10,011.68	

↑ Top of Form

In the Sponsor Summary, view the payment status by selecting the Payments tab.

↓ Bottom of Form

### Sponsor Summary

**A A A Test Sponsor (3416)**

Packet	Applications	Activity	Claims	Payments	Users
Open Balance Transactions		Operations	Administrative	Total Payable	
There are no Open Transactions on file for this sponsor.					
Batch Number	Process Date	Operations	Administrative	Total Payment	
6654	2/10/2020	9,065.36	946.32	10,011.68	
January 2020 Claim		9,065.36	946.32	10,011.68	
<b>Total Payments</b>		<b>9,065.36</b>	<b>946.32</b>	<b>10,011.68</b>	

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Under the Payments tab of the Sponsor Summary, the batch in which the claim was processed is detailed. This date indicates when the SFSP processed the payment. Typically, the payment will be processed and paid within three weeks of submission. However, the SFSP has 45 days to process a claim.


Clicking on the box with the '+' symbol in the Batch Number column will display the details of the claim. For example, if a sponsor submits a claim for two months and a revision for a third month, all of those transactions will be itemized and displayed under this Batch Number. Please note, after clicking the '+' it will change to a '-' and display the revisions as well as the original payment.

## Claim Revisions

On occasion, a sponsor may find it necessary to revise a claim. The web-based system will not allow you to revise a claim until it has been paid. You will only be given the *Revise* option after the original claim has been placed in *Paid* status.

NOTE: If a revision is needed before the claim is paid, contact SFSP central office to assist with the revision.

↓ Bottom of Form

Sponsor Summary		A A A Test Sponsor (3416)				
Packet	Applications	Activity	Claims		Payments	Users
Claim Month			Revision	Status	Claim Amount	Action
 January 2020	Sponsor Claim		0	Paid	10,011.68	<a href="#">View</a> <a href="#">Revise</a>
3416-1	test site		0	Paid	10,011.68	<a href="#">View</a>
YTD Total					10,011.68	

↑ Top of Form

To revise a claim, click on Revise  
(Continued on next page.)

Clicking *Revise* will open the claim.

**SFSP**
Missouri Department of Health & Senior Services

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Sponsor Claim

**A A A Test Sponsor (3416)**  
123 Test Street Test City, MO 11111

**January 2020**  
Pending Submission  
Revision 1

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↓ Bottom of Form

Claim Detail	(A)	(B)	(C)	(D)
	Month	ADP	Number of Sites	Operating Days
(1) Claim Month Selected	January	118	1	20

Eligible Meals Served to Children	(A)	(B)	(C)	(D)	(E)
Self-Prep or Rural-Vended Meals	Breakfast	AM Snack	Lunch	Supper	PM Snack
(4) First Meals	0	0	2,364	0	0
(5) Second Meals	0	0	152	0	0
(6) Total Meals	0	0	2,516	0	0

Eligible Meals Served to Children	(A)	(B)	(C)	(D)	(E)
Urban - Vended Meals	Breakfast	AM Snack	Lunch	Supper	PM Snack
(7) First Meals	0	0	0	0	0
(8) Second Meals	0	0	0	0	0
(9) Total Meals	0	0	0	0	0

(19)  I certify that all sites for which approval has been given were operational during the month claimed and that there has been no significant change in projected administrative costs since submission of program applications, receipt of advance payment or previous claim.

I certify that all enrolled sites had 50% or more eligible participants for the claim period represented on this form.

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 this is in accordance with the terms of existing agreement (s). I recognize that I will be fully responsible for any excess amounts that may result from erroneous or neglectful reporting herein.

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).

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Created By: skaggt1
Date Created: 2/10/2020
Modified By: skaggt1
Date Modified: 2/10/2020

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↑ Top of Form

Save

Cancel

Immediately click on Save **(Do NOT Check box (19))**

The following page will be the Sponsor Claim Summary. As with the original claim, go to the bottom and click [here](#).

After you click [here](#), you will return to the main Sponsor Summary page.

On this page you will be able to select which site claim to revise, and you will be able to enter your site level claim revisions.

After you select a site claim, you will see what you previously entered.

**SFSP**
Missouri Department of Health & Senior Services

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Site Claim

**test site (3416-1)**

A A A Test Sponsor (3416)  
**January 2020**  
 Pending Submission  
 Revision 1

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↓ Bottom of Form

Claim Detail	(A)	(B)	(C)
	Month	ADA	Operating Days
(1) Claim Month Selected	January	118	<input type="text" value="20"/>

Eligible Meals Served	(A)	(B)	(C)	(D)	(E)
Administrative Rate	Breakfast (-NA-)	AM Snack (-NA-)	Lunch ( High )	Supper (-NA-)	PM Snack (-NA-)
(4) First Meals	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="2,364"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
(5) Second Meals	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="152"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
(6) Total Meals	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="2,516"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
(7) Total ADA	0	0	118	0	0

DHSS Internal Use Only

(12)  Override Edit Checks

(13) Reason for Exceptions

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Created By: skaggt1
Date Created: 2/10/2020
Modified By: skaggt1
Date Modified: 2/10/2020

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If on the original claim, the sponsor entered 2364 meals and it should have been 2360, enter 2360 on the revised claim (see original claim on previous page). You must also update the Total Meals portion of the claim.

**SFSP**
Missouri Department of Health & Senior Services

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Site Claim

**test site (3416-1)**

A A A Test Sponsor (3416)  
**January 2020**  
 Pending Submission  
 Revision 1

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↓ Bottom of Form

Claim Detail	(A)	(B)	(C)
	Month	ADA	Operating Days
(1) Claim Month Selected	January	118	<input type="text" value="20"/>

Eligible Meals Served	(A)	(B)	(C)	(D)	(E)
	Breakfast (-NA-)	AM Snack (-NA-)	Lunch ( High )	Supper (-NA-)	PM Snack (-NA-)
<b>Administrative Rate</b>					
(4) First Meals	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="2360"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
(5) Second Meals	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="152"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
(6) Total Meals	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="2512"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
(7) Total ADA	0	0	118	0	0

DHSS Internal Use Only

(12)  Override Edit Checks

(13) Reason for Exceptions

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Created By: skaggt1      Date Created: 2/10/2020      Modified By: skaggt1      Date Modified: 2/10/2020

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Submit
Calculate
Cancel

Click Submit

↓ Bottom of Form

### Sponsor Summary

#### A A A Test Sponsor (3416)

Packet	Applications	Activity	Claims	Payments	Users
Claim Month		Revision	Status	Claim Amount	Action
⊕ 🏠 January 2020	Sponsor Claim	1	Pending Submission	10,011.68	<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
3416-1	test site	1	Complete	-16.61	<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
YTD Total				10,011.68	

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After all Site Claims are in Complete status, you must submit your Sponsor Claim. Next to the Sponsor Claim, Click Edit.

NOTE: When your Sponsor Claim is in *Pending Submission* status you are ***NOT*** finished. Your Sponsor Claim is not properly submitted until it is in *Pending Approval* status.

Sponsor Claim

**A A A Test Sponsor (3416)**

123 Test Street Test City, MO 11111

January 2020

Pending Submission

Revision 1

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Claim Detail

	(A)	(B)	(C)	(D)
	Month	ADP	Number of Sites	Operating Days
(1) Claim Month Selected	January	118	1	20

Eligible Meals Served to Children

	(A)	(B)	(C)	(D)	(E)
SelfPrep or Rural-Vended Meals	Breakfast	AM Snack	Lunch	Supper	PM Snack
(4) First Meals	0	0	2,360	0	0
(5) Second Meals	0	0	152	0	0
(6) Total Meals	0	0	2,512	0	0

Eligible Meals Served to Children

	(A)	(B)	(C)	(D)	(E)
Urban - Vended Meals	Breakfast	AM Snack	Lunch	Supper	PM Snack
(7) First Meals	0	0	0	0	0
(8) Second Meals	0	0	0	0	0
(9) Total Meals	0	0	0	0	0

(19)  I certify that all sites for which approval has been given were operational during the month claimed and that there has been no significant change in projected administrative costs since submission of program applications, receipt of advance payment or previous claim.

I certify that all enrolled sites had 50% or more eligible participants for the claim period represented on this form.

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 this is in accordance with the terms of existing agreement (s). I recognize that I will be fully responsible for any excess amounts that may result from erroneous or neglectful reporting herein.

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).

DHSS Internal Use Only	
(20) <input type="checkbox"/> Override Edit Checks	(21) Reason for Exceptions <input type="text"/>
(22) <input type="checkbox"/> Check here when the Claim has been reviewed by the State	

Created By: skaggt1

Date Created: 2/10/2020

Modified By: skaggt1

Date Modified: 2/10/2020

↑ Top of Form

Save Cancel

To submit the claim revision, you must certify that all information is correct to the best of your knowledge. You MUST click on the certification statement (19) to certify.

Then click Save.



**NOTE: If you do not put a checkmark in the certification statement box your claim will remain in *Pending Submission* and will not be reviewed and approved for payment.**



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### Sponsor Summary

A A A Test Sponsor (3416)

Packet	Applications	Activity	Claims	Payments	Users
Claim Month		Revision	Status	Claim Amount	Action
  January 2020	Sponsor Claim	1	Pending Approval	9,995.07	<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
3416-1	test site	1	Complete	-16.61	<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
YTD Total				9,995.07	

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After revising the claim, the revision number is indicated under the Revision Column. View the various claims and revised claims by clicking on the '+' next to the Claim Month. After clicking the '+' it will change to a '-' and display the revisions as well as the original claim.

## Tips for Navigating the Web-Based System

1. Do not use your Internet Explorer's Back button. Use the menu (in the blue section) on the top left of the screen, or use the "breadcrumb trail," (under the blue bar) to navigate from screen to screen.
2. Each time you submit the info sheet or claim, no matter if it has errors, it is saved on the server and will be there if you need to leave or logoff and come back.
3. Use the Tab key to navigate from field to field or use your mouse to point and click into the field you want to complete. Try not to use your Enter key. If you do, the info sheet or claim will submit (in an error status).
4. If you are in View mode, changes won't be saved. If you want to make changes, make sure you are in Edit or Revise mode.
5. Claim revisions are filed after the original (or previous revision) is in *Paid* status.

## User Notes

1. Click the Users tab to view individuals who have access to submit application and claim information for your organization.
2. Inform the Bureau of Community Food and Nutrition Assistance immediately if an individual with access to the SFSP web-based system is leaving your organization so that access may be revoked.
3. Submit a Network User Access Request form to request online access for new employees.
4. **User IDs and passwords are assigned to individuals only, and may not be shared.**