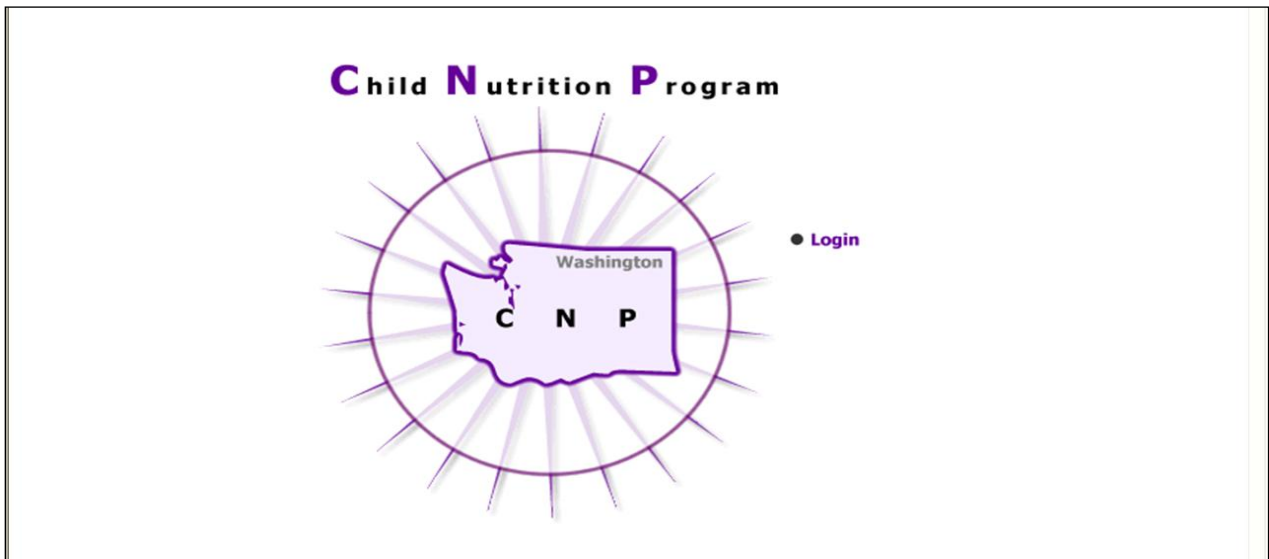


**Office of Superintendent of Public Instruction
National School Lunch, School Breakfast, and School Milk Programs
Electronic Claim Instructions for Public Schools**

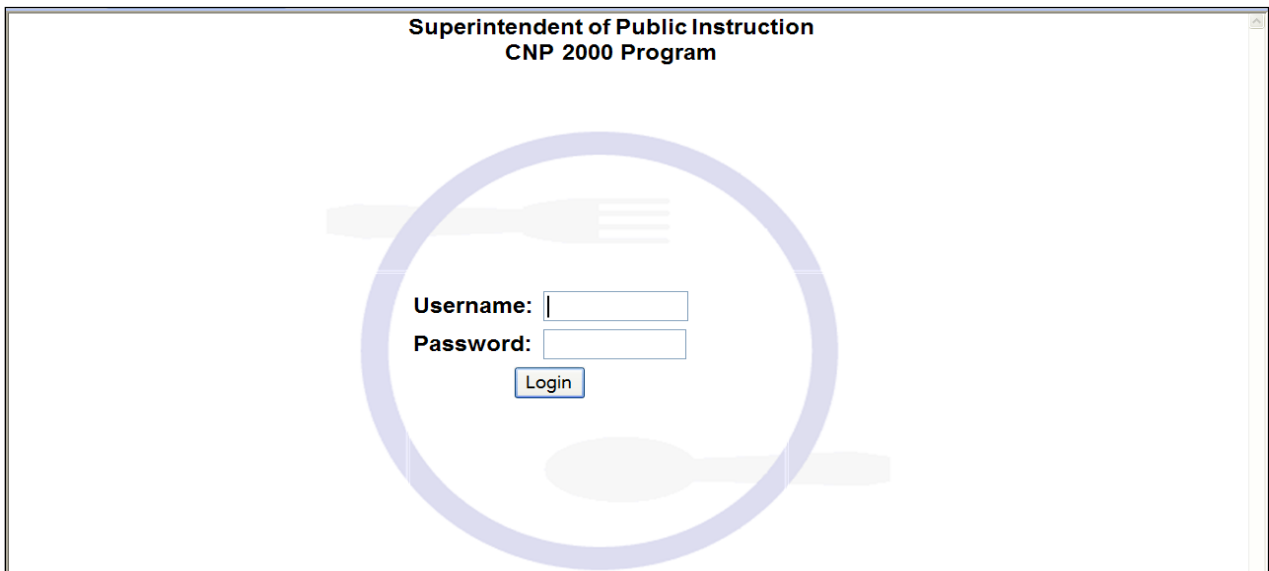
To access the CNP 2000 login page, go to <http://ccglink.com/washington>. Open your Web browser and type or cut and paste the link into your address bar.

A sponsor may have a maximum of two authorized users for the CNP 2000 system – a primary and a backup. These authorized users are the only ones who may login and submit claims using the CNP 2000 system.

The following screen will appear. Click “Login”.



The following screen will appear. Type in your username and password.



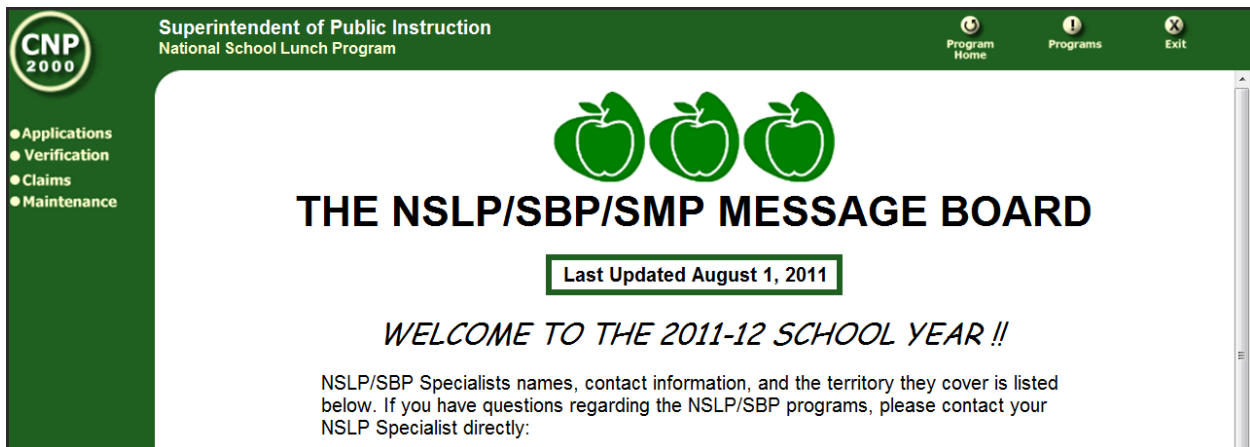
For public schools, your username is your five-digit county/district number, followed by the initials of your first and last name.

The default password for new users is “beta”. You must change your password from the default password once you enter the system. Instructions for changing your password are included below. Your username and password must be kept confidential and secure.

Forgot Your Password?

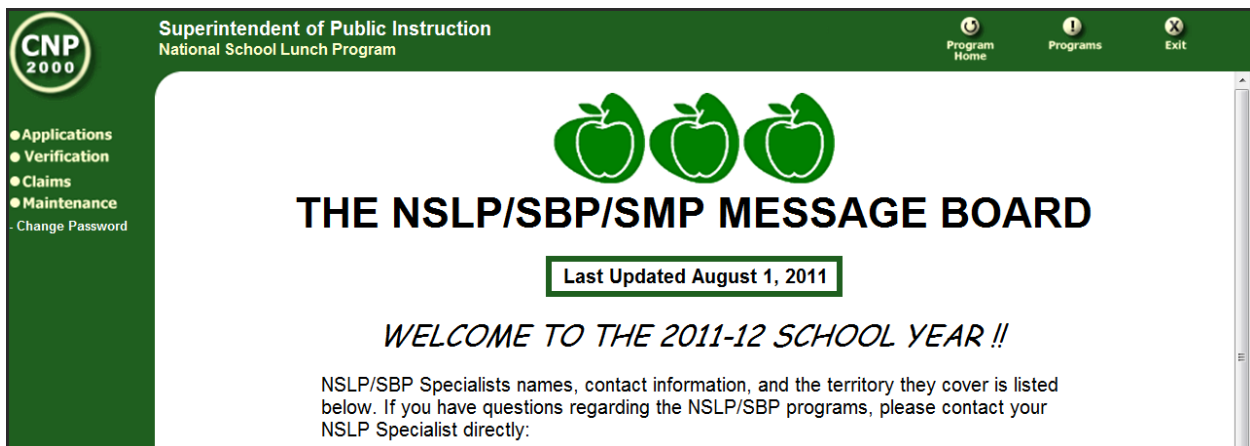
Contact OSPI Child Nutrition Services at 360-725-6200 to request a password reset. Only the person listed on your User Authorization (UA) form, can request a password reset.

Once you’ve successfully entered your username and password, click “Login”. The following screen will appear.



Changing Your Password

From the side bar menu on the left, click “Maintenance”. A drop down menu will appear. Click “Change Password”.




The following screen will appear.

Security Setup	
Change Password	
Name:	<input type="text"/>
Login ID:	<input type="text"/>
Current Password:	<input type="password"/>
New Password:	<input type="password"/>
Confirm New Password:	<input type="password"/>
<input type="button" value="Submit"/>	

Enter your current password. The default password for new users is “beta”.

Enter your new password in both the “New Password” and “Confirm New Password” fields. Do not use “beta” as your new password. Passwords are limited to no more than 12 characters. Passwords may contain letters, numbers, or a combination of both.

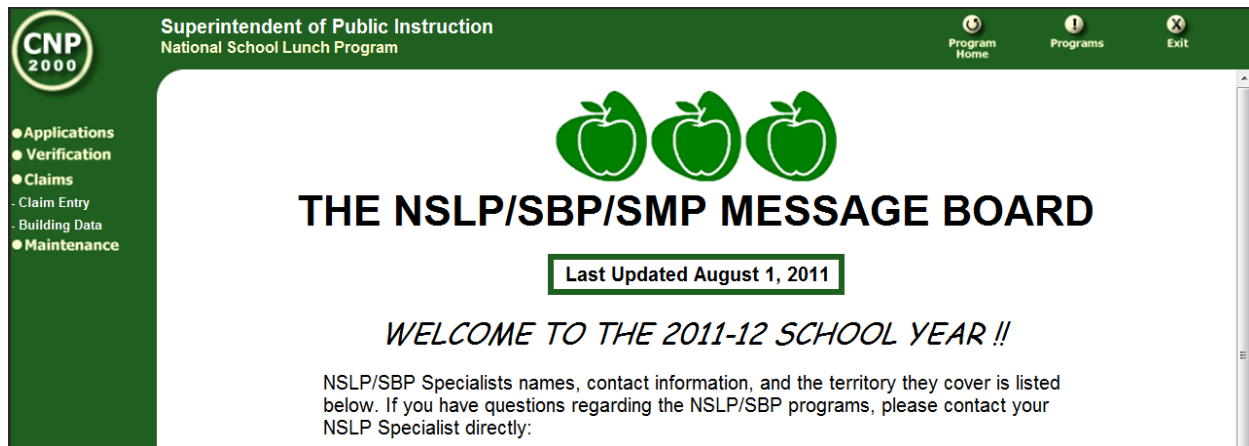
Click “Submit”. The following screen will appear.

Password Change Confirmation	
Change Status:  YES	Your Password was changed successfully!
<input type="button" value="Finish"/>	

Click “Finish”. The screen will return to the main menu.

Submitting an Electronic Claim

From the side bar menu on the left, click “Claims”. A drop down menu will appear. Click “Claim Entry”.



THE NSLP/SBP/SMP MESSAGE BOARD

Last Updated August 1, 2011

WELCOME TO THE 2011-12 SCHOOL YEAR !!

NSLP/SBP Specialists names, contact information, and the territory they cover is listed below. If you have questions regarding the NSLP/SBP programs, please contact your NSLP Specialist directly:

The following screen will appear. Under Program Year, click "2012".

Please Select a Program Year		
Program Year	Begin Date	End Date
2012	09/01/2011	08/31/2012
2011	09/01/2010	08/31/2011
2010	09/01/2009	08/31/2010
2009	09/01/2008	08/31/2009

The following screen will appear. Click on the "Claim Month" for which you want to submit your original or revised claim.

Sponsor Information				
Sponsor Name			Agreement Number	
Select a Claim Month				
School Year: 2011 - 2012				
Claim Month	Revision Number	Claim Status	Month to Date	
			Earned Amount	Amount Paid
9/1/2011				
10/1/2011				
11/1/2011				
12/1/2011				
1/1/2012				
2/1/2012				
3/1/2012				
4/1/2012				
5/1/2012				
6/1/2012				
7/1/2012				
8/1/2012				
Year-to-Date Totals			\$0.00	\$0.00

The following screen will appear.

School Lunch Claim(s)

Monthly Claim Form					
Sponsor Name	Agreement Number	Month Claimed	School Year		
Washington School District	99-999	9/1/2011	2011 - 2012		
Claim(s)					
Revision Number	Received Date	Paid Date	Claim Amount	Status	Action
No claims for this sponsor					

The "Status" column will indicate one of three conditions regarding your claim:

- 1) **Has Not Passed Edits:** The claim has not passed edits and cannot be paid by OSPI. Click on modify to edit a claim that has not passed edits.
- 2) **OK To Pay:** The claim has passed edits, but has not yet been processed by OSPI. Typically, OSPI processes claims around the 15th of each month. To change the data submitted on this claim click on modify and submit the new totals.
- 3) **Paid:** OSPI has processed your claim and you will receive payment by the end of the current month. The claim data submitted could be changed by clicking on add claim and submitting the new revised totals.

Click on "Add Claim" to enter an original or revised claim. The following screen will appear:

**Monthly Claim Form for Reimbursement
National School Lunch, School Breakfast, After-school Snack, and Special Milk Programs**

Monthly Claim Form						
Sponsor Name	Agreement Number	Month Claimed	Revision No.			
Washington School District	99-999	9/1/2011	0			
Submission Type:	Original Claim <input type="text"/>		Received Date:	10/31/2011 <input type="text"/>		
Authorized Signature:	<input type="text"/>					
Meals Served to Children						
	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Paid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Free	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reduced (Include K-3 in Lunch Count)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Eligible Children						
	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Paid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Free	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reduced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Eligible	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

State Funded Co-Pay Reduced Lunch K-3 Public Schools Only

- Enter the number of lunches served to reduced-price eligible children enrolled in grades K-3.
- This section is for the state co-pay only. You must also include these meals in the reduced-price lunches claimed in the "Meals Served to Children" section above.

Program Information

	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Sites Claimed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Days Meals or Milk Served	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Miscellaneous Information

	Breakfast	Lunch	Snack
Adult Meals (earned and paid)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Revenue Dollars (include a la carte and separate milk sales)	\$ <input type="text"/>		

Special Milk Program

Number of 1/2 pints of milk served in Pricing or Non-Pricing Program (only complete if you entered a number in the Eligible Children, Special Milk, Paid cell above)	<input type="text"/>	Average Milk Cost per 1/2 pint purchased (Round to four digits). Only complete this if you have entered 1/2 pints of free milk based on income eligibility	<input type="text" value="0.0000"/>
Number of 1/2 pints of free milk served based on income eligibility (only complete if you entered a number in the Eligible Children, Special Milk, Free cell above)	<input type="text"/>		

Fill In Your Monthly Reimbursement Claim Form

1) Sponsor Information

Sponsor information is automatically populated into the Sponsor Name, Agreement Number, Month Claimed, Revision Number, and Received Date fields.

2) Submission Type

Choose original or revised claim. An original claim is the first claim submitted for the claim month. A revised claim is a resubmission for a claim month where the sponsor finds an error. Revised claims must show all correct information for the month, not just the corrections or additions.

3) Authorized Signature

Click once within the box and a drop down menu will appear. The menu contains names of the individuals authorized to sign claims. Select your name from the list. These names come from the User Authorization form that was completed as part of your application. If

your name is not listed, you are not authorized to submit this data and should exit the program. A new User Authorization form must be completed to update those authorized to submit claims.

4) Meals Served To Children

a) Paid

- i) **Lunch:** Enter the number of paid lunches served to students at approved lunch sites. This amount cannot be higher than the number of paid eligible students for lunches multiplied by the number of days lunches were served.
- ii) **Regular Breakfast:** Enter the number of paid breakfasts served to students at approved regular breakfast sites. This amount cannot be higher than the number of paid eligible students for regular breakfasts multiplied by the number of days regular breakfasts were served. Do not include paid breakfasts served at severe-need breakfast sites.
- iii) **Severe-Need Breakfast:** Enter the number of paid breakfasts served to students at approved severe-need breakfast sites. This amount cannot be higher than the number of paid eligible students for severe-need breakfasts multiplied by the number of days severe-need breakfasts were served.
- iv) **Regular After-School Snacks:** Enter the number of paid snacks served to students at approved regular after-school snack sites. This amount cannot be higher than the number of students approved for paid regular after-school snacks multiplied by the number of days regular after-school snacks were served.

b) Free

- i) **Lunch:** Enter the number of free lunches served to eligible students at approved lunch sites. This amount cannot be higher than the number of students approved for free lunches multiplied by the number of days lunches were served.
- ii) **Regular Breakfast:** Enter the number of free breakfasts served to eligible students at approved regular breakfast sites. This amount cannot be higher than the number of students approved for free regular breakfasts multiplied by the number of days regular breakfasts were served. Do not include free breakfasts served at severe-need breakfast sites.
- iii) **Severe-Need Breakfast:** Enter the number of free breakfasts served to eligible students at approved severe-need breakfast sites. This amount cannot be higher than the number of students approved for free severe-need breakfasts multiplied by the number of days severe-need breakfasts were served.
- iv) **Regular After-School Snacks:** Enter the number of free snacks served to eligible students at approved regular after-school snack sites. This amount cannot be higher than the number of students approved for free regular after-school snacks multiplied by the number of days regular after-school snacks were served. Do not include free snacks served at area-eligible after-school snack sites.
- v) **Area-Eligible After-School Snacks:** Enter the number of snacks served free to children at sites identified as area eligible on the site application. This amount

cannot be higher than the number of students approved for area-eligible after-school snacks multiplied by the number of days area-eligible after-school snacks were served.

c) **Reduced-Price**

- i) **Lunch:** Enter the number of reduced-price lunches served to eligible students at approved lunch sites. This amount cannot be higher than the number of students approved for reduced-price lunches multiplied by the number of days lunches were served. Include lunches served to those students in grades K–3.
- ii) **Regular Breakfast:** Enter the number of reduced-price breakfasts served to eligible students at approved regular breakfast sites. This amount cannot be higher than the number of students approved for reduced-price regular breakfasts multiplied by the number of days regular breakfasts were served. Do not include reduced-price breakfasts served at severe-need breakfast sites.
- iii) **Severe-Need Breakfast:** Enter the number of reduced-price breakfasts served to eligible students at sites approved for severe-need breakfast. This amount cannot be higher than the number of students approved for reduced-price severe-need breakfasts multiplied by the number of days severe-need breakfasts were served.
- iv) **Regular After-School Snacks:** Enter the number of reduced-price snacks served to eligible students at approved regular after-school snack sites. This amount cannot be higher than the number of students approved for reduced-price after-school snacks multiplied by the number of days regular after-school snacks were served.

d) **Totals**

Enter the total number of lunches, regular breakfasts, severe-need breakfasts, and regular after-school snacks served to children. Revised claims must show the total information for the month, not just the corrections.

5) **K-3 Reduced Price Lunch**

Enter the number of lunches served to reduced-price eligible children enrolled in Grades K–3. This section is for the state co-pay only. You must also include those meals in the reduced-price lunches claimed in the “meals served to children” section.

6) **Eligible Children**

a) **Paid**

Enter the number of students eligible for paid meals/milk for each meal type (lunch, regular breakfast, severe-need breakfast, regular after-school snacks, and/or special milk). Any student who is eligible for even one day during the calendar month should be counted. Any student who withdrew prior to the first day of the calendar month should not be counted.

b) **Free**

Enter the number of students currently approved for free meals/milk as determined by income eligibility for lunch, regular breakfast, severe-need breakfast, regular after-school snacks, area-eligible after-school snacks, and/or special milk. Any student who

is eligible for even one day during the calendar month should be counted. Any student who withdrew prior to the first day of the calendar month should not be counted.

c) **Reduced-Price**

Enter the number of students currently approved for reduced-price meals for lunch, regular breakfast, severe-need breakfast, and/or regular after-school snacks. Any student who is eligible for even one day during the calendar month should be counted. Any student who withdrew prior to the first day of the calendar month should not be counted.

d) **Total Eligible**

Enter the total number of eligible children for lunch, regular breakfast, severe-need breakfast, regular after-school snacks, and/or special milk.

7) **Program Information**

a) **Sites Claimed**

Enter the number of sites being claimed for each meal/milk category (lunch, regular breakfast, severe-need breakfast, regular after-school snacks, area-eligible after-school snacks, and special milk). Only the number of sites submitted and approved on your sponsor application should be listed. Refer to the sponsor application if you are not sure which sites to include.

b) **Days Meals or Milk Served**

Enter the number of days for the site with the largest number of service days for that meal type (lunch, regular breakfast, severe-need breakfast, regular after-school snacks, area-eligible after-school snacks, and/or special milk) during the month.

c) **Reduced Lunches K–3 Only Public Schools**

Enter the number of lunches served to reduced-price eligible children enrolled in Grades K–3. This section is for the state co-pay only. You must also include those meals in the reduced-price lunches claimed in the “meals served to children” section.

8) **Miscellaneous Information**

a) **Adult Meals (earned and paid)**

Enter the number of adult meals paid and/or earned for breakfast, lunch, and snacks. Earned adult breakfasts and lunches are those meals provided without charge in exchange for the adult’s labor. Adult meals (earned and paid) are not reimbursed, but this data is needed in order to calculate equivalent lunches on the 1800 report.

b) **Other Revenue Dollars (include a la carte and separate milk sales)**

Enter (in dollars and cents) the total other revenue collected. This is the sum of cash and ticket sales for food items that are not counted as reimbursable meals (a la carte sales, separate milk sales, meal sales to other schools, and child care centers). The “other revenue dollars” category is used by OSPI to calculate equivalent lunches on the 1800 report.

9) **Special Milk Program**

All claims for milk served free to students must be supported by approved income applications/direct cert lists for those children claimed in those milk categories.

a) **Program**

Enter the number of half-pint milk eligible for regular reimbursement. Do not include the total number of milk served to adults. The method of determining adult milk can be the actual daily count or three percent of all milk purchased.

b) **Average Milk Cost Per Half-Pint Purchased (round to four digits)**

Enter the average cost of milk purchased during the period reported. You need to only complete the average milk cost when milk is served to free-eligible children. To determine the average cost per half-pint, divide the total cost of milk purchased by the total number of half-pints purchased. Average cost should be rounded to the nearest tenth of one cent.

Example: 5,275 half-pints are purchased at a total cost of \$879.67.

Total cost of milk purchased	Divided by	Total number of half-pints purchased	Equals	Average cost per half-pint purchased
\$879.67	÷	5,275	=	\$0.1668

Round \$0.1668 three decimal places to the nearest tenth of a cent (\$0.001) to get \$0.167. The average cost per half-pint is \$0.167.

If you purchase milk by the gallon, you must use at least a 10 ounce cup to ensure the student receives a full eight ounces (a half-pint) of milk. A gallon of milk contains the equivalent of 16 half-pints. A half gallon of milk contains 8 half-pints. If you are pouring milk and converting the milk as purchased to half-pint servings, you must ensure that the amount of milk being converted to half-pints for reimbursement purposes only includes milk served to students. Do not claim the amount of milk that was actually used in cooking or by adults.

If you are unable to determine the cost of milk purchased for the month, enter the cost per half-pint from the previous month. A revised claim should be filed once you receive the invoice for milk purchased. If milk is not purchased in June, use the average cost per half-pint from the most recent milk invoice.

c) **Number of Half-Pints of Milk Served Free Based On Income Eligibility**

Enter the number of half-pints of milk served to free-eligible students. Include the number of half-pints ***earned** by free-eligible students.

***Earned student milk** are those half-pints served to children at no cost when they assist with the service of milk. Care must be taken to ensure the milk earned by students eligible for free milk is included with the number of half-pints of milk served to free-eligible students. Student milk earned by students not eligible for free meals/milk based on income eligibility must not be included.

10) **Certification Statement**

Please read the certification statement and review the claim data entered in order to ensure accuracy. Records should be kept as evidence to support claim data.

NOTE: If you want to keep a paper copy of your claim, print it now.

To submit your claim click "Submit". The following screen will appear.

School Lunch Claim Form

Claim Information				
Sponsor Name	Agreement Number	Claim Date	Revision No.	Reference No.
Washington School District	99-999	9/1/2011	0	150357

Claim Approved

Claim Totals	
Description	Reimbursement Total
Current Claim:	\$1,213.28
Previous Claim:	\$0.00
Net Claim Total:	\$1,213.28

Claim Errors
There were no errors on this claim

Claim Approved

The message "Claim Approved" means there were no "I" claim errors and your claim has passed all edits. The "Claim Totals" section will show the amount you will be paid. You may now create another claim, view the claim summary, or exit the system by clicking "Exit" on the top right corner of the screen.

Claim Not Approved Due To Errors

"I" Type Errors

The message, "Claim Not Approved Due To Errors", means there were "I" type claim errors. Your "Net Claim Total" will show as \$0. An "I" error will stop your claim from being paid and must be corrected. Please click the "Back" button and correct the claim data that caused the "I" type error and resubmit your claim.

"A" Type Errors

If you receive the messages "Claim Approved" and "Claim Errors", then the error is an "A" type error. An "A" type error is a warning and only needs correction if the data provided was incorrect. Please review "A" type errors and determine if the data provided is correct. If the data you provided is correct, ignore the error. If you find that the data needs to be revised, click the "Back" button and revise the claim.

Error 5101 and 1117 – Late Claims

If you receive error 51019, it means your original claim was submitted more than 60 days from the last day of the claim month. Error 11117 means you attempted to submit an upward revised claim more than 90 days from the last day of the claim month. Late claim instructions are available in bulletin 044-10.

Claim View Summary

After all errors are corrected and the claim has passed all edits, click on “View Summary”. The following screen will appear.

NSLP Claim Recap

Claim Information				
Sponsor Name	Agreement Number	Month Claimed	Rev No.	Ref No.
Washington School District	99-999	9/1/2011	0	50000
Lunch	Meals	Rate	Reimbursement	
Paid	688	0.2200	\$151.36	
Free	298	2.3200	\$691.36	
Reduced	193	1.9200	\$370.56	
Total	1,179	N/A	\$1,213.28	
State Funds	Meals	Rate	Reimbursement	
Lunch	1,179	0.0000	\$0.00	
Total	N/A	N/A	\$0.00	
Claim Total			\$1,213.28	

Claim Reimbursement Totals	
Description	Earnings Total
Current Earnings:	\$1,213.28
Previous Earnings:	\$0.00
Claim Reimbursement:	\$1,213.28
Repayment(s) Recovered:	\$50.00
Net Claim Total:	\$1,163.28

The claim recap details how the net claim total was calculated and will show any money recovered from this claim due to prior amounts owed.

If you have any questions or need assistance submitting your claim, please contact Jim Wick, jim.wick@k12.wa.us, 360-725-6211 or Jeff Booth, jeff.booth@k12.wa.us, 360-725-6217. You can also call OSPI Child Nutrition Services toll-free at 1-877-204-6486.