



# CACFP Online Claim Manual

## Child Care, Adult Care & Outside School Hours Programs

Wisconsin Department of Public Instruction (DPI) Community Nutrition Team

Revised February 2024

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## Submitting CACFP Claims, Claim Deadlines, Late Claims

### Submitting CACFP Claims

- All claims must be submitted electronically by following the steps in this Claim Manual.
- Print a hard copy of all submitted claims for your records. Retain for three years plus the current year.
- A separate claim must be submitted for every month, even if the month consists of only one day of meal service to participants.
- Processing of submitted claims occurs each Tuesday morning, unless that day is a holiday, in which case the processing is the following day. Payment processing does not occur the last two weeks of June and the last two weeks of December.
- You may only submit one claim for each Child Nutrition Program (i.e. CACFP, NSLP, SFSP, SMP) per processing period.
- All agencies will receive reimbursement payments via electronic deposit through [AIDS Banking](#).

### Claim Deadlines

Claims for reimbursement must be submitted online within 60 calendar days after the last day of the claiming month. The following chart gives the deadline date for each monthly claim period. Click on our [Claim Submission Deadlines](#) webpage for additional information.

Claiming Month	Last Day for Online Submission
January	April 1 (March 31 on leap years)
February	April 29
March	May 30
April	June 29
May	July 30
June	August 29
July	September 29
August	October 30
September	November 29
October	December 30
November	January 29
December	March 1 (February 29 on leap years)

If the 60th day falls on a Saturday, Sunday, or Federal holiday, the claim is due on the next business day. If you are submitting a claim under this situation, you will not be able to submit your claim online. Instead, you need to complete a paper copy of the claim. Plan ahead to avoid paper claim submissions. If you are unable to submit your claim online, please make sure to scan and email it to [cntfiscal@dpi.wi.gov](mailto:cntfiscal@dpi.wi.gov) to meet these deadlines.

## Late Claims

A late claim is any original claim or amended claim with an upward adjustment (increase in dollar amount from the original claim) submitted after 60 calendar days from the end of the claiming month. **Late claims cannot be submitted online.** DPI must grant a “one-time exception” to pay a late claim. This “one-time exception” is at DPI’s discretion. DPI may grant a “one-time exception” for only one claim per program (i.e. child care, adult care, at-risk afterschool program, emergency shelter) every 36 months. To receive a one-time exception for a late claim or amended claim refer to [Guidance Memo 3](#).

## [Navigating the Claim System](#)

### Time Limitations

A timer starts from the moment the site is entered. **If there is no activity for 30 minutes**, the user will get an error message and will have to return to the main *Login* screen. **Any data on the page you were working will not be saved.** Any movement on a page will reset the 30-minute timer.

### Saving Entered Claim Data

- Clicking ‘Continue’ at the bottom of each page saves information/data entered.
- If exiting the system before completing the claim, click ‘Continue’ to save current data.

Click ‘Continue’ to save data →  CONTINUE

### Returning to Previous Pages

- Click a link at the bottom of the page. The name of the link is the page you will go to.
- If you click on the ‘Back’ icon at the top of the screen, your data will not be saved from the screen you are currently on.

→ [\[Parent Form\]](#) [\[Site List\]](#)



### Exiting the Claim

Click ‘Logout’ in the upper right corner of the blue boxes.

- If exiting the system before completing the claim, click ‘Continue’ to save current data.

Click ‘Logout’ to exit claim system →



 CONTINUE

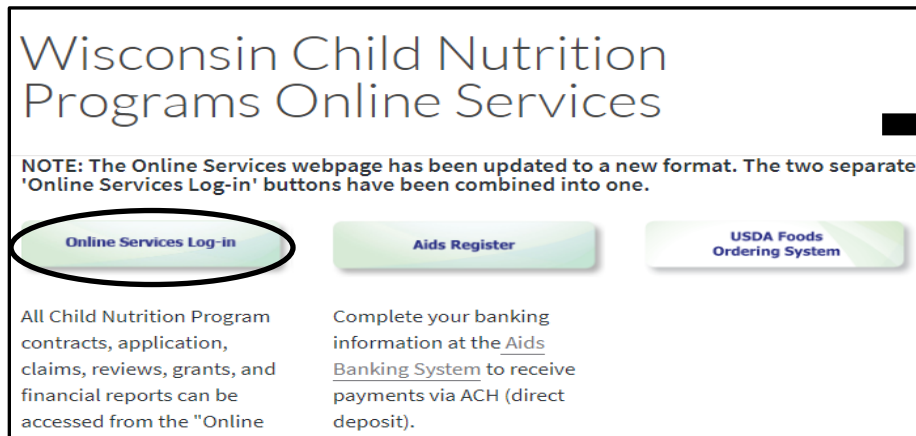
## Logging into the Claim System

Google Chrome is highly recommended.

1. Go to the [Wisconsin Child Nutrition Programs](#) webpage. Click on the 'Online Services' link.

This will take you to the [Wisconsin Child Nutrition Programs Online Services](#) website. **Bookmark this page as a favorite.**

2. Click on the 'Online Services Log-in' button.



**Bookmark** this page for future easy access to Online Services and to receive important information regarding contracts and claims.

3. Enter Agency Code (without dashes) and Password. Click 'Submit'

**Do not bookmark this webpage.** If you wish to bookmark, go to step 1.

If you do not know your password or need to request a new one, contact:

1. Primary Contact: Jacqueline Darrow at 608-267-9134; [Jacqueline.darrow@dpi.wi.gov](mailto:Jacqueline.darrow@dpi.wi.gov)
2. Secondary Contact: Deborah Mann at 608-266-6856; [Deborah.mann@dpi.wi.gov](mailto:Deborah.mann@dpi.wi.gov)



*Note: Passwords should be changed when the Authorized Representative or person authorized to submit a claim has left the agency.*

## Entering the Claim

1. From the Main menu, select 'Community Nutrition Program'



2. Select 'Claim Reimbursement'



3. Select 'Child and Adult Care Food Program'



4. Select 'Enter-Modify Claim'

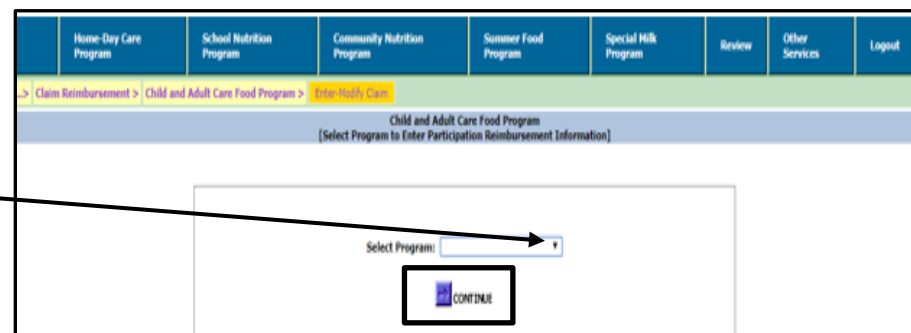
This button is used to submit a new claim or to modify the claim prior to DPI processing it



5. Select Program using the drop-down box (Click on the arrow and highlight the agency type):

- Child Care Institution (CCI)
- Adult Day Care (ADC)

Click 'Continue'



## Participant Reimbursement Information – Parent Form

Enter total data for all sites:

- **Program:** This is populated from a previous screen.
- **Claim Date:** Indicate claim month and year using drop-down boxes. Enter CLAIM month, **NOT** month you are completing the claim in.
- **Non-needy, Reduced and Free Categories:** Enter the **total** number of non-needy, reduced and free participants for **all sites** claiming.

Enter '0' (zero) in the fields that do not apply. Do **NOT** use commas when entering numbers.

➤ **Sponsoring organizations:** numbers entered for each category on the parent form must equal the sum of the numbers entered for each category for all sites on the site forms.

- **Number of days of service:** Enter the total days in the month the site was open and meals were served.

➤ **Sponsoring organizations:** If sites differed in total days of service, record the greatest number.

Click 'Continue'

Enter-Modify Claim

Child and Adult Care Food Program  
[Participation Reimbursement Information - Parent Form]

Program:	Child Care Institution (CCI) ▼
Claim Date:	Month March ▼ Year 2018 ▼
*Do NOT use commas while entering numbers.	
Non-needy Category:	<input type="text"/>
Reduced Category:	<input type="text"/>
Free Category:	<input type="text"/>
Number of Days of Service:	<input type="text"/>
<b>CONTINUE</b>	

## List of Reimbursable Sites

Claim data must be submitted for each site claiming for the month.

The 'List of Reimbursable Sites' chart lists the name of each site your agency is **approved** for and the type of site.

- Independent centers will see one line listing one site
- Sponsoring organizations will see two or more lines listing all sites

Click on the **Site No.** to enter information for each site.

- If a site did not participate during the claim month, do not enter any information for that site.
- If a site is not listed on this page, contact your [Assigned Consultant](#).

Child and Adult Care Food Program (CACFP)  
List of Reimbursable Sites

Listed below is/are site(s) valid for claim reimbursement under the date claim and program selected. Select the site by clicking site number and provide/update participation information. Total sites enrollment must match total enrollment submitted on the parent claim for the claim to be submitted to DPI for processing.

Site No.	Site Name	Type of Site	Status
1828	Menomonie Day Care	Center-Child Care Inst. Day Ca	
1829	Menomonie Day Care Inc #2	Center-Child Care Inst. Day Ca	
Parent Total Enrollment/Site Total Enrollment/Claim Status			
		128	128 Complete

**CONTINUE**

**Status:**

- Site claim information submitted by agency.
- Site claim information not submitted by agency.

## [Participation Reimbursement Information - Site Form](#)

Enter data for the selected site:

- **Program:** This is populated from a previous screen.
- **Claim Date:** This is populated from a previous screen.
- **Non-needy, Reduced and Free Category:** Enter the number of non-needy, reduced and free participants for the selected site.

Enter '0' (zero) in the fields that do not apply. Do NOT use commas when entering numbers.

➤ **Sponsoring organizations:** numbers entered for each category on each site form must equal the sum of the numbers entered for each category on the parent form.

- **Total Number of Enrolled Participants:** Enter total number of 'Non-Needy', 'Reduced Price' and 'Free' participants for the selected site.
- **Number of Days of Service:** Enter the total days in the month the selected site was open and serving meals.
- **Average Daily Attendance:** Enter the average daily attendance for the claim month for the selected site. Round up to a whole number. Do not use decimal points.
- **Breakfast, AM Snack, Lunch, PM Snack, Supper, and Additional Snack:** Enter the total meal count number for each meal your agency is approved to claim at the selected site.

Enter '0' (zero) in the fields that do not apply. Do NOT use commas or decimal points when entering numbers.

Click 'Save'.

Child and Adult Care Food Program [Participation Reimbursement Information - Site Form]	
<b>Program:</b>	Child Care Institution (CCI) <input type="button" value="X"/>
<b>Claim Date:</b>	September, 2008
<small>*Do NOT use commas while entering numbers.</small>	
Non-Needy:	<input type="text"/>
Reduced Price:	<input type="text"/>
Free:	<input type="text"/>
Total Number of Enrolled Children:	<input type="text"/>
Number of Days of Service:	<input type="text"/>
Average Daily Attendance:	<input type="text"/>
Breakfasts:	<input type="text"/>
AM Snack:	<input type="text"/>
Lunches:	<input type="text"/>
PM Snack:	<input type="text"/>
Suppers:	<input type="text"/>
Additional Snack:	<input type="text"/>
<small>Optional for Extra Lunch/Supper</small>	
Lunches 2nd:	<input type="text"/>
Supper 2nd:	<input type="text"/>
<input type="button" value="SAVE"/> <input type="button" value="DELETE"/>	
<a href="#">[Parent Form]</a> <a href="#">[Site List]</a>	

## Participation Reimbursement Information – Site Form (continued)

This will take you back to the 'List of Reimbursable Sites' page. Under 'Claim Status' it will say either 'Complete' or 'Incomplete.'

**Sponsoring organizations:** this page will continue to appear until information is entered for each site. If a site is not claiming, do not enter any information for that site. After entering all site information, click 'Continue'.

	Home-Day Care	School Nutrition Program	Community Nutrition Program	Summer Food Program	Logout						
<a href="#">Home</a>	<a href="#">Enter-Modify Claim</a>										
<b>Child and Adult Care Food Program (CACFP) List of Reimbursable Sites</b>											
Listed below is/are site(s) valid for claim reimbursement under the date claim and program selected. Select the site by clicking site number and provide/update participation information. Total sites enrollment must match total enrollment submitted on the parent claim for the claim to be submitted to DPI for processing.											
<b>Site No.</b>	<b>Site Name</b>	<b>Type of Site</b>	<b>Status</b>								
1828	Menomonie Day Care	Center-Child Care Inst. Day Ca									
1829	Menomonie Day Care Inc #2	Center-Child Care Inst. Day Ca									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Parent Total Enrollment</th> <th style="width: 33%;">Site Total Enrollment</th> <th style="width: 34%;">Claim Status</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">128</td> <td style="text-align: center;">56</td> <td style="text-align: center; color: red;">InComplete</td> </tr> </tbody> </table>						Parent Total Enrollment	Site Total Enrollment	Claim Status	128	56	InComplete
Parent Total Enrollment	Site Total Enrollment	Claim Status									
128	56	InComplete									
<b>CONTINUE</b>											
<b>Status:</b>											
Site claim information submitted by agency.											
Site claim information not submitted by agency.											

<b>Program</b>	Child Care Food Program (CCI)
<b>Claim Date:</b>	03/01/2018
<b>Non-needy Category:</b>	2
<b>Reduced Category:</b>	1
<b>Free Category:</b>	47
<b>Total Number of Enrolled Children:</b>	50
<b>Number of Days of Service:</b>	20

Total Reimbursable Meals Summary Based on Site(s) Participation Information								
Total Breakfasts	Total AM Snack	Total Lunches	Total PM Snack	Total Suppers	Total Additional Snack	Total Lunches 2nd	Total Supper 2nd	Total Meals
379	233	446	610	496	0	0	0	2,164

Site Participation Detail Information														
Site No.	Non-Needy	Reduced Price	Free	Total Enrollment	Days Operating	ADA	Breakfasts	AM Snack	Lunches	Lunches 2nd	PM Snack	Suppers	Supper 2nd	Additional Snack
13711	2	1	47	50	20	39	379	233	446	0	610	496	0	0

[CERTIFICATION]

I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an over claim and may result in the withholding of payments, suspension, or termination of the program. I understand that the information on this claim is being given in connection with the receipt of federal funds and that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes.

Preparer Name and Telephone No.:

[Parent Form] [Site List]

Review the information that is shown for the unpaid claim, and if all is correct, **enter the preparer's name and telephone number.**

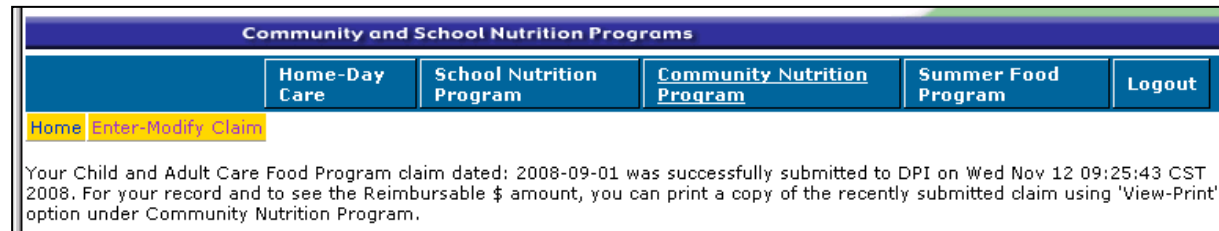
Click on the 'Submit' button at the bottom to submit the claim to DPI to be processed for payment.



## Submission and Confirmation

A screen will appear to confirm receipt of the submitted claim. The statement will include the date the claim was successfully submitted. **PRINT THIS SCREEN FOR YOUR RECORDS, AS WELL AS THE SCREEN SHOWING THE REIMBURSABLE \$ AMOUNT.**

Directions for printing are below. Keep copies of these two screens on file along with all CACFP support documentation.



## View and Print Claims

View and/or print claims after they have been submitted to DPI via the 'View-Print Claims' Menu.

To get to the 'View-Print Claim' screen, click on the 'Home' button and then select:

1. Community Nutrition Program (blue heading)
2. Claim Reimbursement
3. Child and Adult Care Food Program
4. View/Print Claim



### Printing a Claim:

1. Select the Program (CCI or ADC) from the drop-down box.
2. Select 'Claim Month' and 'Year' from the drop-down box.
3. Click 'Search.'

If the claim is found for the given criteria, the claim and the date the claim was submitted will appear. Click on 'New (paid)' link under the 'Claim Type' to view or print the claim information.

If a claim is not found for the given criteria, a box will not appear under 'Claim Type' and a message will appear that no claim is found.



## Amending Claims

Claims that have not been processed by DPI must be amended online. After a claim has been processed by DPI it CANNOT be amended online. Processing of claims is completed, in most cases, on Tuesday mornings.

**Amending Claim Prior to DPI Processing:** Follow the steps to enter a claim that begin on page 4 of this manual. The unprocessed claim will be available for selection on the 'Participation Reimbursement Information – Parent Form' screen.

### **Amending Claim After DPI Processed Claim:**

1. Print the claim by following directions in the 'View and Print Claims' section on the previous page.
2. Draw a line through any item that must be changed (e.g., number of meals, average daily attendance) and write in correct number(s).
3. Sign, date and email a scanned copy to [cntfiscal@dpi.wi.gov](mailto:cntfiscal@dpi.wi.gov).

## Contacts

If you do not know your password or wish to request a new one, or if you need assistance completing the claim online, contact:

Primary Contact: Jacque Darrow at 608-267-9134; [Jacqueline.darrow@dpi.wi.gov](mailto:Jacqueline.darrow@dpi.wi.gov)

Secondary Contact: Deborah Mann at 608-266-6856; [Deborah.mann@dpi.wi.gov](mailto:Deborah.mann@dpi.wi.gov)

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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