

## INSTRUCTIONS: Provide all information requested. **Incomplete claims will delay processing.**

**School Term:** Check **Regular, Summer or Seamless Summer.** If meals for both regular and summer terms are served in the same month, submit one claim for regular meals and a separate claim for summer meals or seamless summer meals. Provide financial information on only one claim, since it will be the same for both.

**Submit both claims at the same time.**

1. **A. Number of schools in district** Number of schools reported to Arkansas Department of Education on Program Schedule A
- B. Number of schools with Breakfast And Lunch** Number of schools with Breakfast Program and Number of schools with Lunch Program as reported to Arkansas Department of Education.
- C. Schools Eligible for *Safety Net*** As identified by Safety Net list on Forms page of Child Nutrition website.
- D. Number of *Severe Need Schools*** As approved on 2014-15 Severe Need Documentation of Eligibility.
- E. ADM/ADA** Most recent Average Daily Membership (ADM) and Average Daily Attendance (ADA) as reported through Arkansas School Computer Network (APSCN) for schools participating in each program.
- F. Eligibles** Highest number eligibles, by count of source documents (i.e.: applications and lists), on any day during the month.
- G. Days served** Number of days meals are served during the month.
2. **A. Opening cash balance** Same as closing cash balance on the prior month's claim.
- B. Federal reimbursement** All federal reimbursement received during the month from CNU, ADE.
- C. Student meal income** All money collected during the month for student lunches, breakfasts and snacks.
- D. Adult meal income** All money collected during the month for adult lunches, breakfasts and snacks.
- E. A la carte income** All money collected during the month for a la carte items, including second meals and extra milk.
- F. Contract meal income** All money collected during the month for banquets, contract meals for Headstart, Pre-K senior citizens, and any other contracted function.
- G. Loans to program** Designated funds transferred to program from district operating fund or any other loan source.
- H. Other cash income** All other income received during the month, including, but not limited to, state matching funds, interest on investments and reimbursements from DHS.
- I. Total** Add 2A; 2B; 2C; 2D; 2E; 2F; 2G, and 2H.
3. **A. Food** All food expenditures for all program areas.
- B. Labor** All labor expenditures for all program areas.
- C. Loan repayment** All expenditures for repayment to the district of loans to program.
- D. Other expenditures** Total of all other expenditures from the child nutrition account during the month.
- E. Total** Add 3A, 3B, 3C, and 3D.
4. **Closing cash balance** Subtract 3E from 2 I. This **WILL NOT be a negative number.**
5. **Amount of unpaid bills** for food, labor and other purchases.
6. **Value of inventory** of all food, excluding USDA commodities.
7. **Funds due program**, including federal reimbursement claimed but not received, contract meals served but not paid, and any other funds due program, (**including funds due from THIS claim form**).
8. Enter total **breakfasts (8.A.)** and **lunches (8.B.)** served to students by category (free, reduced price, paid). Multiply free, reduced price, and paid meals by assigned rate and enter reimbursement by category.
9. Enter TOTAL for **Breakfast on (9.A.)**. Enter TOTAL for **Lunch (9.B.)**.
10. Enter **number of breakfasts and lunches served to adults** and number of **contract meals served**.
11. **A. Number of schools in Afterschool Snack Program** Indicate number of schools that receive **Area Eligible** reimbursement for Afterschool Snacks (all students free) and the number that receive **NON Area Eligible** (FREE, REDUCED, & PAID) reimbursement.
- B. Enrollment in Afterschool Snack Program** Enter afterschool snack program enrollments based on method of reimbursement used to claim afterschool snacks i.e., **Area Eligible** or **NON Area Eligible**.
- C. Average Attendance** Enter Afterschool Program Average MONTHLY Attendance for claim month. To calculate **add the number of students attending** each day the afterschool program operated during the month and divide by the number of serving days Afterschool Snacks were served during the month. Claims cannot exceed the program Average Attendance multiplied by the number of serving days.
- D. No. of Eligibles** Complete ONLY for NON Area Eligible Afterschool Snack Program Schools. Number of Eligibles equals the HIGHEST number of afterschool snack eligibles (Free & Reduced price) by count of student source documents on any day during the month.
- E. Days Served** Number of days afterschool snacks served during the month for all programs. If number of serving days varies by program, list the highest number of days that any program serves afterschool snacks.
12. Enter **total number of Afterschool Snacks** served to students **by type of Program** – Area Eligible (ALL Free) or NON Area Eligible (Free, Reduced, or Paid). Multiply by the assigned rates and enter reimbursement amount on the claim.
13. Enter **total of afterschool snacks served** and the **total amount of reimbursement claimed for afterschool snacks**.
14. Contact CNU, ADE for information on claim for Milk Reimbursement.
15. Contact CNU, ADE for information on claim for Milk Reimbursement.
16. Contact CNU, ADE for information on claim for Milk Reimbursement.
17. Enter number of afterschool snacks/milk served to Adults and/or number of contract afterschool snacks/milk.
18. **Total Combined Reimbursement for ALL Child Nutrition Programs.** Add lines 9A, 9B, 13, and 16. This amount shall match the voucher amount of direct deposit if the claim is correctly completed.
19. Claim for reimbursement shall be **signed by the official authorized in the School Food Authority Agreement**. Signature indicates a review and analysis of all meal, afterschool snack, and milk counts to ensure accuracy as specified in the regulations. Please be reminded that the person who actually aggregates/calculates/prepares the claim for reimbursement CANNOT sign the claim form. As a matter of internal control the district general business manager needs to assign a second party to verify the claim and supporting documentation are correct prior to submission for a final signature.

**Claims are processed weekly in the order they are received. Mail or fax by the 10<sup>th</sup> of the month following service of meals, afterschool snacks, or milk to:**

Child Nutrition Unit  
2020 West Third Street, Suite 404  
Little Rock, AR 72205-4465

**PHONE:** 501-324-9502

**FAX:** 501-324-9505