

## 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.).