



Submitting Claims for SFSP

2020 - 2021

Desk Guide
May 2021

Submitting Claims for SFSP

The United States Department of Agriculture or USDA provides funds to State agencies who in turn provide funds to the sponsoring organizations. Sponsoring organizations are responsible for reviewing, validating, and filing claims. Claims that are submitted for reimbursement must comply with SFSP requirements.

Claims Overview

A Sponsor submits a reimbursement claim to the State for every month in which one or more sites participate in the Summer Food Service Program. Claims are submitted through the Tennessee Information Payment System (TIPS). Sponsors have sixty days from the last day of the claim month/year to submit an original claim.



Payment Schedules

Claims are scheduled to be paid twice monthly, on the 15th of each month and the last day of the month.

To be paid on the 15th, your claim must be submitted no later than the 7th.

To be paid at the end of the month, your claim must be submitted no later than the 21st.

Note: Claims cannot be created for a month if there is no approved Application Packet in effect for that period.

Reimbursement Schedule

Reimbursement January 1, 2021-December 31, 2021		
Per Meal Rates	Continental US	Continental US
Site Types	Rural or Self-Prep	All Other Types
Breakfast	2.4625	2.4150
Lunch or Supper	4.3175	4.2500
Snack	1.0200	0.9975
Administrative Rates	Continental US	Continental US
Site Types	Rural or Self-Prep	All Other Types
Breakfast	0.2225	0.1750
Lunch or Supper	0.4075	0.3400
Snack	0.1100	0.0875

Federal Register/Vol. 85 No.251/Thursday, December 31, 2020/Notices

Summer 2021 reimbursement rates:

Federal Register/Vol. 85
No.251/Thursday, December
31, 2020/Notices

For more information on the breakdown of reimbursement rates, visit the Federal Register page at govinfo.gov.

The top chart indicates the 2021 reimbursement rates combined. This includes the operating and administrative component rates.

The reimbursement is based on the number of each type of meal served multiplied by the rate for that type of meal, preparation method (vended or self-prep), and site location (rural or urban).

Sponsors supply meals to each site and submit claims for reimbursement based upon how many meals are served.

Note: Sponsors may not submit claims until their Application Packet has been approved for the respective program year.

Reimbursement

When filling out your application, sponsors must enter anticipated enrollment (how many children you will serve), each meal type (up to two meals) and the number of service days (how many days you will serve). This will give you a projected reimbursement.

Note: This information is also used to calculate the bond amount for sponsors needing to obtain a bond.

Claims Menu

The Claims Menu allows Sponsors to submit monthly online reimbursement claim requests to the State, review claim rates, and review historical payment summaries.



TIPS Claims Function

Various dates are used in the TIPS claims function. The following table identifies and describes the dates used.

Date Created - This date is set to the current system date when the claim is initially created.

Date Modified - This date is set to the current system date when the claim is initially created and each time the claim is saved.

Date Received - This date is typically set to the date the claim was first submitted to the State. The date can be changed by an authorized State user via the Internal Use Only section of the claim form until the claim has been processed for payment. The value of this field is used to validate the 60-day submission claim rule on an original claim.

Date Accepted - This date is set to the current system date each time the claim is submitted for payment and contains no errors. If errors are detected during the submit process, the date is not set.

These claims are identified with a status of “Accepted.” Accepted claims can be modified until they are included in a payment batch.

Date Processed - This is the date that the claim was added by the State into the batch payment process (in the Accounting module). Once the claim has been added to a batch (i.e., “batched”), it cannot be modified.

These claims are identified with a status of “Accepted*” until the batch process has completed. When the batch process is completed, the status of the claim is “Processed.”

If a change is required to a claim that has a status of “Accepted*” or “Processed”, a revised claim must be entered into the system.

Claim Entry

1. On the blue menu bar, select **Claims**. The Claims menu screen displays.



2. From the Claims menu, select the **Claim - SFSP**. The Claim Year Summary screen displays.

Item	Description
Claim - SFSP	Summer Food Service Program Claims
Claim Rates	View current claim rates
Payment Summary	Summary of payments made to this Sponsor

Claim Year Summary

The Claim Year Summary, as seen, summarizes information regarding the claim for each claim month in the designated year:

Claim Month	Adj Number	Claim Status	Date Received	Date Processed	Earned Amount
Oct 2020	0	Processed	12/29/2020	01/08/2021	\$131,542.65
Nov 2020					\$0.00
Dec 2020	0	Processed	02/28/2021	03/09/2021	\$75,398.64
Jan 2021	1	Accepted	04/09/2021		\$64,729.91
Feb 2021	1	Accepted	04/28/2021		\$40,062.43
Mar 2021	0	Pending			\$0.00
Apr 2021					\$0.00
May 2021					\$0.00
Jun 2021					\$0.00
Jul 2021					\$0.00
Aug 2021					\$0.00
Sep 2021					\$0.00
Year to Date Totals					\$311,733.63

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Adjustment Number: identifies the number of revisions associated with the claim. Each revision must be re-processed by the state.

Claim Status: Identifies the current status of the claim.

Date Received: Identifies the date the system initially received the claim submission.

Date Processed: Identifies the date the claim was included in the payment batch process.

Earned Amount: Identifies the current value of the claim.

- From the Claim Year Summary screen, select the Claim Month you would like to submit a claim. The Claim Month Details screen displays.

Note: Claims cannot be entered for months that are greyed out.

Claim Month Details

From the Claim Month Details screen, you can access a specific claim form or a summary of the submitted claim.

If the claim has been processed for payment, the options are View (to view the completed claim form) or Summary (to view the calculated payment summary related to the claim).

Claim Month: January 2021						
Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
View Summary	0	03/04/2021	03/04/2021	03/09/2021	\$59,592.99	Processed
View Modify Summary	1	04/09/2021	04/26/2021		\$5,136.92	Accepted
Total Earned					\$64,729.91	

If the claim has been accepted by TIPS but not processed for payment, the options are View (to view the completed claim form), Modify (to enter a new claim or modify an existing claim) or Summary (to view the calculated payment summary related to the claim).

Claim Site List

All SFSP Sponsors perform site-level claiming. The Sponsor will first select Add Original Claim from the Claim Months Detail screen. The Claim Site List screen will display.

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Jan 2021	0	03/04/2021	03/04/2021	03/09/2021	Original

Actions	Site #	Site Name	Errors	Status
Add	0074	Pershing Park NCC		
	0075	Semmes NCC		Not Eligible
	1037	Cunningham Community Center		Not Eligible
View Modify	1041	Katie Sexton Community Center		Validated

The Sponsor would use the Claim Site List screen to select the site whose claim to add, view, modify or revise.

Add an Original Claim – Steps 1-3

Claims can be entered for each eligible month in the Program Year. Eligible months are determined based on an approved Application Packet and the designated application effective date (identified by the State in the Internal Use Only section of the Sponsor and Site applications).

1. From the Claims menu, select **Claim - SFSP**. The Claim Year Summary screen displays.
2. Select the desired Claim Month. The Claim Month Details screen displays.
3. Select **Add Original Claim** button. For site-level claiming, the Claim Site List screen displays.

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
There are no claims for this month.						
Total Earned					\$0.00	
< Back Add Original Claim						

Note: The **Add Original Claim** button will only display on Claim Month Details screens that currently have no claims created.

To Add an Original Claim – Steps 4-5

- Under Actions, select Add to the left of the Site Name you wish to add an original claim. The Claim for Reimbursement screen displays

Actions	Site #	Site Name	Errors	Status
Add	0074	Pershing Park NCC		
	0075	Semmes NCC		Not Eligible
	1037	Cunningham Community Center		Not Eligible
View Modify	1041	Katie Sexton Community Center		Validated

- For each site claim, enter claim information for all enrolled programs.

Now, we will discuss the four areas under Step 5.

Claim Information – 5a (1-5)

General Information	
	Total Number of Days Food Served
1. Breakfast	<input type="text" value="0"/>
2. AM Snack	<input type="text" value="0"/>
3. Lunch	<input type="text" value="0"/>
4. PM Snack	<input type="text" value="0"/>
5. Supper	<input type="text" value="0"/>

5A (1-5) This is where you will enter the Total Number of Days Food was Served. This information will be gathered from the Site Applications and Daily Meal Count Sheets.

Claim Information -5B (6-10) Self-Prep and/or Vended-Rural Meals Served

Self-Prep and/or Vended-Rural Meals Served to Children				
Report only meals meeting the requirement on the agreement. By completing the Camp Meals Served column, I certify that the Actual Eligible ADP for each Camp session is correct and accurate on the Site Application.				
	First Meals Served	Second Meals Served	Camp First Meals Served	Camp Second Meals Served
6. Breakfast	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
7. AM Snack	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
8. Lunch	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
9. PM Snack	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
10. Supper	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

5B (6-10) This is where you will enter the number of first meals and/or second meals that are Self-Prep and/or Vended-Rural meals served to children. This information will be gathered from the Site Applications and the Daily Meal Count sheets. Report only meals meeting the requirement on the agreement. By completing the Camp Meals Served column, you certify that the Actual Eligible Average Daily Participation (ADP) for each Camp session is correct and accurate on the Site Application.

Claim Information 5C (11-15) Vended-Urban Meals Served

Vended-Urban Meals Served to Children				
Report only meals meeting the requirement on the agreement. By completing the Camp Meals Served column, I certify that the Actual Eligible ADP for each Camp session is correct and accurate on the Site Application.				
	First Meals Served	Second Meals Served	Camp First Meals Served	Camp Second Meals Served
11. Breakfast	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
12. AM Snack	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
13. Lunch	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
14. PM Snack	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
15. Supper	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

5C (11-15) This is where you will enter the number of first meals and/or second meals that are Vended-Urban meals served to children. This information will be gathered from the Site Applications and the Daily Meal Count Sheets. Report only meals meeting the requirement on the agreement. By completing the Camp Meals Served column, you certify that the Actual Eligible Average Daily Participation (ADP) for each Camp session is correct and accurate on the Site Application.

Claim Information 5D (16-20) Non-Reimbursable Meals

Non Reimbursable Meals			
	Meals Served to Ineligible Children	Meals Served to Program Adults	Meals Served to Non-Program Adults
16. Breakfast	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
17. AM Snack	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
18. Lunch	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
19. PM Snack	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
20. Supper	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

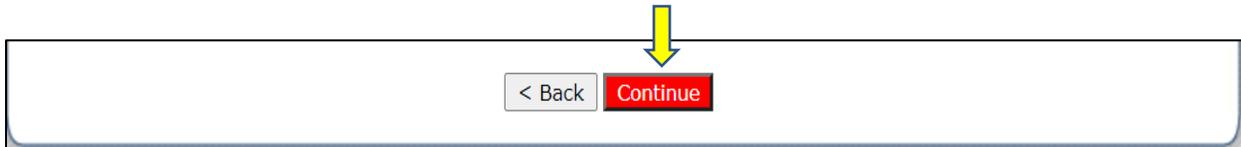
5D (16-20) This is where you will enter the number of non-reimbursable meals served according to their category. These are meals served to ineligible children, program adults and/or non-program adults. This information will be gathered from the Daily Meal Count Sheets.

To Add an Original Claim – Step 6

- 6. Select Save.** If there are no errors, the data is saved and the user is returned to Claim Site List screen.

To Add an Original Claim – Steps 7-8

7. Repeat Steps 3-6 for each desired site.
8. Once all site claims are completed, select the Continue button on the Claim Site List screen. The Claim Month Details screen is displayed. Review the data for accuracy.



- To make a modification or correction to the claim, select the **<Back** button to return to the Claim for Reimbursement screen
- To submit the claim, check the Certification box and select the **Submit for Payment** button.

Note: When the **Submit for Payment** button is selected, the system performs additional edit checks (e.g., 60-day rule, etc.). If the system identifies errors, the errors must be corrected before the user can submit the claim for payment.

Certification

I certify that the information on this voucher is true and correct to the best of my knowledge; that records are available to support this claim; and that it is in accordance with the terms of existing agreement and payment has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.



To Modify an Unprocessed Claim – Steps 1-3

Claims can be modified as many times as desired until the claim has been submitted **and** processed by the State for payment distribution.

1. From the Claims menu, select **Claim - SFSP**. The Claim Year Summary screen displays.
2. Select the desired Claim Month. The Claim Month Details screen displays.
3. Select **Modify**. The Claim Site List screen displays.

Claim Month: January 2021						
Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
View Summary	0	03/04/2021	03/04/2021	03/09/2021	\$59,592.99	Processed
View Modify Summary	1	04/09/2021	04/26/2021		\$5,136.92	Accepted
Total Earned					\$64,729.91	

To Modify an Unprocessed Claim – Steps 4-6

4. Under Actions, select **Modify** to the left of the Site you wish to view. The Site Claim Report screen displays.

Add	0074	Pershing Park NCC	
	0075	Semmes NCC	Not Eligible
	1037	Cunningham Community Center	Not Eligible
View Modify	1041	Katie Sexton Community Center	Validated

5. Update claim information.
6. Select **Save**. If there are no errors, the data is saved and the user is returned to Claim Site List screen.

To Modify an Unprocessed Claim – Steps 7-9

7. Repeat Steps 4-6 for each desired site claim you would like to modify.
8. Once all site claims are completed, select the Continue button on the Claim Site List screen. The Claim Month Details screen is displayed. Review the data for accuracy.



9. To submit the modified claim, check the Certification box and select the Submit for Payment button.

Notes:

- The Summary link is not active until a claim has been submitted with no errors.
- When the Submit for Payment button is selected, the system performs additional edit checks. If the system identifies errors, the errors must be corrected before the user can submit the claim for payment.

Revising a Processed Claim – Steps 1-4

Claim revision resulting in a downward adjustment may be submitted at any time. Claim revisions resulting in an upward adjustment may be submitted if the date of submission is within 30 days of the last day of the original claim month. Revised claims must be re-processed by the State regardless of their original status.

1. From the Claims menu, select **Claim - SFSP**. The Claim Year Summary screen displays.
2. Select the desired Claim Month. The Claim Month Details screen displays.
3. If the Sponsor is performing site-level claiming, the Claim Site List screen displays. Under Actions, select **Revise** to the left of the Site Name whose claim you wish to revise. The Claim for Reimbursement screen displays

Actions	Site #	Site Name	Errors	Status
View Revise	0072	Robinhood Park NCC		Paid
View Modify	0074	Pershing Park NCC		Approved
	0075	Semmes NCC		Not Eligible
	1037	Cunningham Community Center		Not Eligible
View Modify	1041	Katie Sexton Community Center		Approved

4. Make any necessary changes to the claim.

Revising a Processed Claim – Steps 5-8

5. Select **Save**. If there are no errors, the data is saved and the user is returned to Claim Site List screen
6. Repeat Steps 3-5 for each desired site.
7. Once all site claims are completed, select the **Continue** button on the Claim Site List screen. The Claim Month Details screen is displayed. Review the data for accuracy.
8. To submit the revised claim, check the Certification box and select the **Submit for Payment** button.

A claim may need revisions due to a sponsor receiving a request in an audit report. Along with a Corrective Action Plan (CAP), a sponsor may need to revise a claim due to an overpayment. This revision in some instances will allow the funds to be recouped from future payments.

Note: Revised claims must be re-processed by the State regardless of their original status.

Deleting a Claim – Steps 1-4

If the Sponsor has entered a claim in error and the claim has **not** been included in the batch payment process (i.e., the status of the claim is NOT “Accepted*” or “Processed”), the claim can be deleted.

1. From the Claims menu, select **Claim - SFSP**. The Claim Year Summary screen displays.
2. Select the desired Claim Month. The Claim Month Details screen displays.
3. Select **Modify**.
4. Select **Modify** to the left of the Site Name you wish to view. The Claim for Reimbursement screen displays

Actions	Site #	Site Name	Errors	Status
Add	0074	Pershing Park NCC		
	0075	Semmes NCC		Not Eligible
	1037	Cunningham Community Center		Not Eligible
View Modify	1041	Katie Sexton Community Center		Validated

Deleting a Claim – Steps 5-8

5. Select **DELETE** in the Edit menu in the upper-right corner.



6. The system transfers you to the bottom of the screen and a warning message is displayed.
7. Select the **Delete** button at the bottom of the page. A confirmation message displays.



8. Select **Finish**.

Once the claim has been deleted, it is permanently removed from the application and cannot be restored. Use caution before deleting a claim.

Combining Claim Months

Sponsors of all types of sites are permitted to combine claims:

- For 10 operating days or less in their initial month of operations with the claim for the subsequent month;
- For 10 operating days or less in their final month of operations with the claim for the preceding month; or
- For 3 consecutive months, as long as this combined claim only includes 10 operating days or less from each of the first and last months of program operations.

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Apr 2020	0	06/01/2020	06/01/2020	06/09/2020	Original

Internal Use Only

Combine month with*: March May

*Note: Claim months that are being combined with this claim month must have less than or equal to 10 operating days in the month being combined with this claim month.

If the Sponsor happens to be operating only 1 month that is LESS than 10 days, the State must instruct the Sponsor to increase the number of operating days to 10 or greater. Since the claim is calculated based on the number of meals and not the number of days, this will not cause a calculation problem and will allow the Sponsor to submit a claim into the system.

Mar 2020		Combined with Apr 2020			\$0.00
Apr 2020	0	Processed	06/01/2020	06/09/2020	\$68,128.18

The Sponsor would check the month that has less than 10 days on the Claim Site List screen next to “Combine Month With” (This Sponsor chose to combine the March claim with the April claim). Notice that March is greyed out. The claim numbers for March will be entered in the April claim. Once the Sponsor enters the claim, the Claim Year Summary screen will display which months have been combined.

You can see in the Site Application that the Sponsor only operated 5 days in March. April operated for 21 days. The Sponsor chose to combine the March claim with the April claim.

General Site Information											
14. Operation Dates: Start: 03/25/2020 End: 08/21/2020											
15. Enter the number of days the Site will operate each month:											
OCT 2019	NOV 2019	DEC 2019	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEP 2020
0	0	0	0	0	5	21	20	22	22	15	0

When the Sponsor entered the claim for April, the Sponsor entered 26 days for the Total Number of Days Food Served. This is possible because the Sponsor checked the box for March in the previous screen.

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Apr 2020	0	06/01/2020	06/01/2020	06/09/2020	Original
CFDA Number 10.559					
General Information					
		Total Number of Days Food Served			
1. Breakfast		26			
2. AM Snack		0			
3. Lunch		26			
4. PM Snack		0			
5. Supper		0			

One Time Exception

- Program:
- Claim Month:
- TIPS ID Number:
- Date of the Request:
- Organization's Name
- Reason for missing the claim deadline:
- Corrective action to ensure deadlines are met moving forward
- Signature and title of person submitting request

Note: A sponsor that has been granted a one-time exception cannot request another exception for 36 months.

Recordkeeping

Recordkeeping is important for substantiating claims. Good recordkeeping will assist the sponsor in avoiding findings which may result in disallowed meals, recoupment of funds, Serious Deficiencies (SDs) and possible Program suspension and/or termination.

Records must be kept for 3 years plus the current year. For example, we are in the 2020-2021 Fiscal Year. The Sponsors would need to have records dating back to the 2017-2018 Fiscal Year. These records can include the following:

- Documentation of the monitoring review during the first 4 weeks of operation if available at time of initial visit to sponsor. If not, then at time of claim verification sponsor visit
- Menus (for review month)
- Site information sheets listing current sites, meal types and meal times/types. This information should be in the Site application of TIPS.
- Food service management company contract/s (if applicable) and any other documentation pertaining to the meal service.

- Daily and/or weekly meal count records
- Delivery Tickets (if applicable)
- Documentation of any program income
- Administrative and Operational cost documentation (timesheets, mileage claim records, receipts for expenses, inventory control sheets, invoices, bank records)

Daily Meal Count – Lines 1-2

One very important record for submitting claims is the Daily Meal Count Form. Each site must take a point-of-service meal count every day. This form may be used for the daily meal count.

SUMMER FOOD SERVICE PROGRAM **Sample Daily Meal Count Form**

Site Name: _____															Meal Type (circle): B L SN SU				
Address: _____															Telephone: _____				
Supervisor's Name: _____										Delivery Time: _____					Date: ___/___/___				
Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available) [1]																			
First Meals Served to Children (cross off number as each child receives a meal):																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150										
Total First Meals + [2]																			

- **Line 1** equals the total meals available. That number equals the number of meals received or prepared plus the number of meals available from the previous day.
- **Line 2** equals the total number of first meals served to children. Cross out each number as a child receives a meal. Include any teenagers, 18 and under, paid or unpaid, who are helping at the site. (If more than 150 children are served at the site, use the optional second page. For sites needing the second page, we suggest printing this form front to back.)

Daily Meal Count – Lines 3-8

- **Line 3** equals the total number of second meals served to children. (Remember, reimbursable meals are limited to no more than two percent of the total number of first meals served.)
- **Line 4** equals the total number of meals served to Program adults. “Program adults” are adults who work directly as part of the operation of the food service. This includes all adults who prepare meals, serve meals, clean up, or supervise the children. This does not include teenagers, 18 and under, who may perform these tasks at the site. Meals for children 18 and under are fully reimbursable, and you would count these meals on Line 2.
- **Line 5** equals the total number of meals served to non-Program adults. “Non-Program adults” are adults who are not directly involved in the operation of the food service. Non-Program adults include any sponsor administrative staff, such as monitors or sponsor directors, or State or Federal reviewers.

Second meals served to children:															
1	2	3	4	5	6	7	8	9	10	Total Second Meals +					[3]
Meals served to Program adults:															
1	2	3	4	5	6	7	8	9	10	Total Program Adult Meals +					[4]
Meals served to non-Program adults:															
1	2	3	4	5	6	7	8	9	10	Total non-Program Adult Meals +					[5]
TOTAL MEALS SERVED =												[6]			
Total damaged/incomplete/other non-reimbursable meals +												[7]			
Total leftover meals +												[8]			
Total of items:												[6] + [7] + [8] = [9] <small>(Item [9] should be equal to item [1])</small>			
Number of additional children requesting a meal after all available meals were served:															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
By signing below, I certify that the above information is true and accurate:															
Signature _____										Date _____					

- **Line 6** equals the total number of meals served, which is the sum of Lines 2 – 5.
- **Line 7** equals the total number of meals that are unusable because they are damaged, incomplete, or otherwise non-reimbursable.
- **Line 8** equals the total number of leftover meals, which is calculated by subtracting Line 6 from Line 1.

- **Line 9** equals the sum of Lines 6, 7, and 8. It accounts for all meals and should equal Line 1.
- Use the line at the bottom of the form to record the number of children requesting a (first) meal after all available meals were served. This information is helpful in adjusting meal orders upward.
- The site supervisor must sign and date the meal count form.

Impact of Invalid Claims Submission

Sponsoring organizations are required to perform edit checks prior to the submission of a claim to ensure it is valid. Here are a few of the impacts of the submission of an invalid claim.

- Denial of claim payments
- Request for reimbursement of paid claims
- Fines
- Possible imprisonment

Resources

- Administrative Guidance for Sponsors: [https://fns-prod.azureedge.net/sites/default/files/sfsp/SFSP Admin Guide Sept2016.pdf](https://fns-prod.azureedge.net/sites/default/files/sfsp/SFSP_Admin_Guide_Sept2016.pdf)
- SFSP Handbooks: <https://www.fns.usda.gov/sfsp/handbooks>
- 7 CFR 225
- FNS Instruction 796-4 Rev. 4
- Tennessee Information Payment System (TIPS) Download Forms section

USDA Program Discrimination Complaint Information



USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#) (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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](tel:202509410);
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Nondiscrimination Statement - Spanish



Declaración de No Discriminación del USDA

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: [How to File a Complaint](#), y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

- (1) correo: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; o
- (3) correo electrónico: program.intake@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.

Nondiscrimination Statement - Somali



United States Department of Agriculture

Warbixinta Takoor La'aanta USDA

Si waafaqsan sharciga xuquuqda madaniga ah ee federaalka iyo Maraykanka. Waaxda Beeraha (USDA) shuruucda xuquuqda madaniga ah iyo xeerarka, USDA, Wakaaladaheeda, xafiisyada, iyo shaqaalaha, iyo hay'adaha ka qayb galaya ama maamulaya barnaamijyada USDA waxaa laga mamnuucay ku takooria ku salaysan isirka, midabka, asalka wadaka, galmada, naafanimada, da'da, ka aarsiga ama aargoosiga hawl xuquuq madani oo hore barnaamij kasta ama hawl ay qabatay ama maalgelisay USDA.

Dadka naafada ah ee u baahan qaab kale oo wada xidhiidh oo macluumaadka barnaamijka ah (tusaale, Farta qoraalka indhoolaha, daabacaad wayn, cajal maqal ah, Luqadda Dhegoolaha ee Maraykanka, iwm), waxaa inuu la soo xidhaadhaa Wakaalada (Gobol ama degmo) halka ay ka soo codsadeen dheefaha. Dadka dhegoolaha ah, maqalku ku adagyahay ama leh nafo hadalka ah waxay kala soo xidhiidhi karaan USDA Is gaadhsiinta Federaalka ee Dadka Nafada ah lambarkan (800) 877-8339. Intaa waxa dheer, macluumaadka barnaamijka waxaa lagu heli karaa luqaddo kale.

Si loo soo gudbiyo takoorka barnaamijka cabashada, buuxi [Foomka Cabashada Takoortka Barnaamijka USDA](#) (AD-3027), ee onlayn laga helo [How to File a Complaint](#), iyo xafiis kasta oo USDA, ama qor warqad ku socot aUSDA oo ku bixi waraaqda dhammaan macluumaadka lagu codsaday foomka. si aad u codsato nuqul foomka cabashada ah, soo wac (866) 632-9992. U soo gudbi foomkaaga la buuxiyay ama warqadda USDA addoo adeegsanaya:

- (1) boosta: Maraykanka. Waaxda beeraha
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) iimaylka: program.intake@usda.gov.

Hay'dani waa adeeg bixiyaha fursadda loo simanyahay

Nondiscrimination Statement - Arabic



United States Department of Agriculture

تصريح وزارة الزراعة الأمريكية لعدم التمييز

وفقاً لقانون الحقوق المدنية الإتحادي وتوجيهات وسياسات الحقوق المدنية لوزارة الزراعة الأمريكية (يو أس دي أي) (USDA)، يحضر على الـ USDA ووكالاتها ومكاتبها، وموظفيها ومؤسساتها المشاركة في، أو المديره لـ: برامج الـ USDA ان تميز بناء على العرق، لون البشرة، القومية، الجنس، المذهب العقائدي، الإعاقة، العمر، المعتقدات السياسية، أو الثأر أو الإنقاص بسبب نشاط حقوق مدنية سابق في أي برنامج أو نشاط يداران أو يمولان من قبل الـ USDA.

يتوجب على الاشخاص المعاقين المحتاجين الى وسائل إتصال بديلة لمعلومات البرنامج (مثلاً: لغة بريل، أحرف كبيرة الحجم، التسجيل الصوتي، لغة الاشارات الأمريكية، الخ) ان يتصلوا بالوكالة في (الولاية او المحلية) حيث يقدموا للحصول على المنافع. يمكن للاشخاص الطرش او المعاقين من صعوبة في السمع او المعاقين من إعاقات في الكلام الإتصال بالـ USDA عبر الإتصال بخدمة المرحل الاتحادية على هاتف 877-8339 (800). إضافة الى ذلك، يمكن توفير معلومات البرامج بلغات أخرى.

لعرض رفع شكوى برنامج ضد التمييز، أكمل ملأ طلب شكوى التمييز من برنامج الـ USDA، المرقم (AD-3027) والذي يمكن تنزيله من الإنترنت على الرابط: How to File a Complaint وفي اي مكتب لـ USDA او بكتابة رسالة محتوية الى الـ USDA وزود في الرسالة جميع المعلومات المطلوبة في الطلب. لطلب نسخة من طلب الشكوى، اتصلوا على هاتف 9992-632 (866). قدم طلبك المكتمل او رسالتك الى الـ USDA عبر:

(1) البريد: وزارة الزراعة الأمريكية

مكتب مساعد الوزير للحقوق المدنية

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410

(2) بالفاكس: على هاتف 690-7442 (202)؛ أو

(3) البريد الإلكتروني: program.intake@usda.gov

هذه المؤسسة توفر التكافؤ في الفرص