



MEAL COUNTING & CLAIMING

CHILD AND ADULT NUTRITION SERVICES



south dakota
DEPARTMENT OF EDUCATION

Learning. Leadership. Service.

APPLICATION & AGREEMENT



- SFAs agree to and sign a Free & Reduced-Price Policy Statement when substantial changes occur within the program
- SFAs complete an annual application to enter into an agreement with the State Agency (CANS)
- Important for administration and meal program operators to communicate

APPLICATION AND AGREEMENT CONT.

- Consider operational information in the agreement
 - Offer versus Serve?
 - Meal Service Times?
 - Point of Service location/process?
 - Training?
- Meal Count Method Form



MEAL COUNTING AND CLAIMING

Five points of an acceptable counting and claiming procedure required by the USDA include:

1. Eligibility documentation
2. Collection procedures (money)
3. Point of Service meal counts
4. Claims for reimbursement
5. Internal controls



1. ELIGIBILITY DOCUMENTATION

Documentation or proof for every student that receives free or reduced-price meals

- Free and reduced-price meal applications
- Direct certification



2022-2023 Application for Free and Reduced Price School Meals or Free Milk

Complete one application per household. Please use a pen (not a pencil).

New Applicant Previous Applicant

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

<p>Definition of Household Member. "Anyone who is living with you & shares income and expenses, even if not related."</p> <p>Children in Foster care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.</p>	Child's Name	Age	Write name of child's school, or "not in school"	If student, write in the grade	Foster Child	Homeless, Migrant, Runaway
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? (NOT Medicaid)

If you answered NO > Complete STEPS 3 and 4. If YES > Write your 9-digit SNAP, TANF, or FDPIR case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

<p>Are you unsure what income to include here?</p> <p>Flip the page and review the charts titled "Sources of Income" for more information.</p> <p>The "Sources of Income for Children" chart will help you with the Child Income section.</p> <p>The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.</p>	<p>A. Child Income Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children listed in STEP 1 here.</p>		<p>Child income</p> <p>\$ <input type="text"/></p>	<p>How often?</p> <p>Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2xMonth <input type="checkbox"/> Monthly <input type="checkbox"/></p>	<p>Child income</p> <p>\$ <input type="text"/></p>		<p>How often?</p> <p>Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2xMonth <input type="checkbox"/> Monthly <input type="checkbox"/></p>	
	<p>B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.</p>		<p>Name of Adult Household Members (First and Last)</p> <p>Earnings from Work</p> <p>Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2xMonth <input type="checkbox"/> Monthly <input type="checkbox"/></p>		<p>Public Assistance/Child Support/Alimony</p> <p>Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2xMonth <input type="checkbox"/> Monthly <input type="checkbox"/></p>		<p>Farming/ Pensions/ Retirement/ Other Income</p> <p>Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2xMonth <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/></p>	
	<p>Total Household Members (Children and Adults) <input type="text"/></p>		<p>Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member <input type="text"/></p>		<p>Check if no SSN <input type="checkbox"/></p>			

STEP 4: Contact information and adult signature.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt#	City	State	Zip
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Printed name of adult completing the form	Signature of adult completing the form		Today's date	

ELIGIBILITY DOCUMENTATION CONT.

Eligibility Manual for School Meals Determining and Verifying Eligibility



USDA USDA Food and Nutrition Services
Child Nutrition Programs

July 18, 2017

- USDA Eligibility Manual can be found on the CANS website under the documents tab

<https://doe.sd.gov/cans/documents/17-USDAEg.pdf>

ELIGIBILITY DOCUMENTATION CONT.

Verification

- By random selection within the rules of verification
- Confirmation review
- Verification for cause



2. COLLECTION PROCEDURES

- How students pay for meals
- Avoid overt identification
 - Student eligibility must be protected
 - Maintain awareness



3. POINT OF SERVICE MEAL COUNTS

- Identification of reimbursable meals
- By eligibility type (free, reduced, paid)
- Every day and every meal
- Without overt identification

REMEMBER: only one lunch and one breakfast can be counted for reimbursement per student, per day.





POINT OF SERVICE MEAL COUNTS CONT.

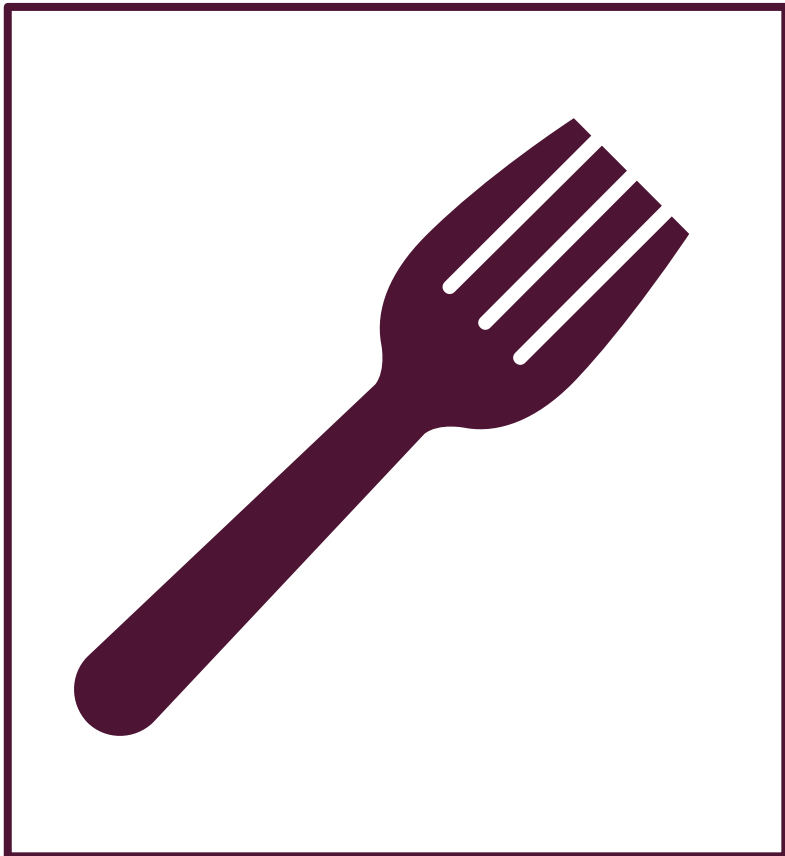
No OVS:

- Lunch – must contain all 5 components in minimum required quantity
- Breakfast – must contain 3 components/food items in minimum required quantity

OVS:

- Lunch – must contain 3 of 5 components including at least $\frac{1}{2}$ cup fruit and/or vegetable
- Breakfast – must contain 3 food items including at least $\frac{1}{2}$ cup fruit

POINT OF SERVICE MEAL COUNTS CONT.



- Only 1 breakfast and 1 lunch per student, per day can be counted and claimed
- None of the following can be included in your claim:
 - Meals served as seconds or second meals
 - Meals served to adults
 - Meals served to children who are not part of your program
 - Meals served to children who are not enrolled at your school

4. CLAIM FOR REIMBURSEMENT

- Meals are recorded on paper forms or in a computer
- End of the month counts are totaled
- Edit checks are completed
- Claims are filed in iCAN



All meals served in the NSLP/SBP and counted for reimbursement must meet the requirements for the current meal pattern as specified in the program regulations and must be served to eligible children.

4. CLAIM FOR REIMBURSEMENT CONT.

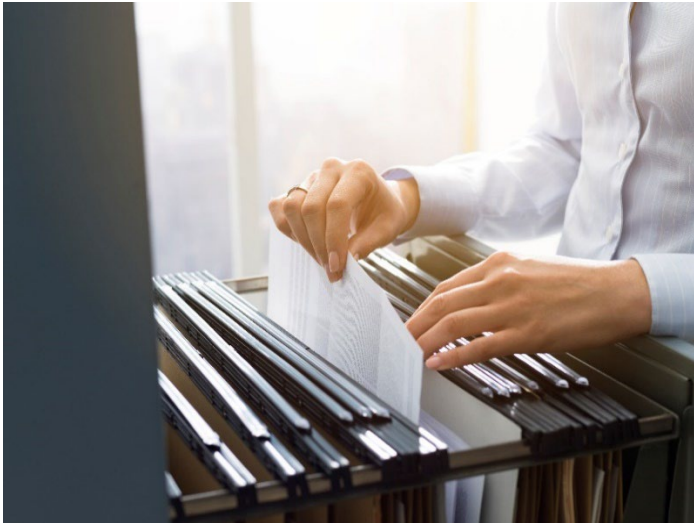
Claim Month	Due Date	(60 days) Final Deadline
July	Aug. 10	Sept. 29
August	Sept. 10	Oct. 30
September	Oct. 10	Nov. 29
October	Nov. 10	Dec. 30
November	Dec. 10	Jan. 29
December	Jan. 10	Mar. 1**
January	Feb. 10	April 1**
February	Mar. 10	April 29
March	April 10	May 30
April	May 10	June 29
May	June 10	July 30
June	July 10	Aug. 29

**during a leap year, the due date is one day earlier

- Go the link below to show claim due dates

- [ClaimsDates-0821.pdf](#)

4. CLAIM FOR REIMBURSEMENT CONT.



- Detailed documentation must be maintained by the Sponsor to support claim data reported
- Records must be retained for at least three years plus the current fiscal year



Downward adjustments may be made at any time



Upward adjustments must be made within the 60-day claim submission deadline



Late claims/revisions may be granted a one-time exception

4. CLAIM FOR REIMBURSEMENT CONT.



4. CLAIM FOR REIMBURSEMENT CONT.

One-Time Exceptions

- Available every 36 months
- Only one per each Child Nutrition Program
 1. SNP/SSO/FFVP
 2. SFSP
 3. CACFP
- Fill out OTE Form

4. CLAIM FOR REIMBURSEMENT CONT.

iCAN – SNP - Claim Processing Manual SNP (NSLP, SBP, SMP)

(02/23/15)

In order to process a claim the sponsor must have an approved agreement.

Returning Users: Log On

User ID:

Password:

Log On

This iCAN program is for child nutrition and food distribution programs in South Dakota.
If you have questions regarding iCAN, please send an email to DOE.iCANhelp@state.sd.us.

The February Nutrition Bulletin from Child & Adult Nutrition Services is posted to <http://doe.sd.gov/cans/nbulletin/2015/feb/>

<https://doe.sd.gov/cans/documents/iC-ClaimM.pdf>

4. CLAIM FOR REIMBURSEMENT CONT.

2021 - 2022 SSO Claim Year Summary

Your School

Claim Month	Adj Number	Claim Status	Date Received	Date Processed
Oct 2021	0	Processed	11/09/2021	11/12/2021
Nov 2021	0	Processed	12/06/2021	12/13/2021
Dec 2021	0	Processed	01/03/2022	01/11/2022
Jan 2022	0	Processed	02/09/2022	02/11/2022
Feb 2022	0	Processed	03/01/2022	03/11/2022
Mar 2022	0	Processed	04/06/2022	04/11/2022
Apr 2022	0	Processed	05/06/2022	05/11/2022
May 2022	1	Accepted	07/12/2022	
Jun 2022	0	Accepted	07/12/2022	

5. INTERNAL CONTROLS

- Schools must have controls sufficient to ensure meal counting and claiming accuracy and integrity
- Have a backup plan, or a second person or a second method





Questions?



Contact Us!



Email: DOE.SchoolLunch@state.sd.us



Phone: 605-773-3413

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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;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

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MEAL COUNTING

This training credits for 30 minutes of training in

Key Area 3 – Administration

3310 - Meal Counting & Claiming

Your Name:

Date of Training: