CN	Child N	New Yor V <i>utritio</i>	k State Educati n Managen	on Department <i>ient System</i>
Program	Claims Re	ports	Admin	Help
School Food Au	Payments View/New Claims Interface	eral I	nform	ntion
Step one:				
og into the Child Nutrition				
Vanagement System	Enter all criteria to quer	y Claims		
CNMS). Select "claims"		0010 14		
rom the yellow menu bar,	School Year:	2013-14		
then click "view/new".	Program Name:	Lunch	.	
Select the school year,	View/Adjust or New:	New		
brogram name (program the claim is for) and new. Then	Find Clear			

All Recipient Agencies (RAs)/sites and LEA codes within the School Food Authority (SFA) will be listed.

Step two:

Click "New", next to the Recipient Agency you are submitting a claim for.



SFA Claim Roll-up

To modify, select an RA above. The changes made to the RA will then be incorporated in the SFA roll-up claim below.

Step three:

Select the month you intend to claim for reimbursement.

Select a Claim Period for the 2013-14 Lunch Program

July 2013	January 2014
August 2013	February 2014
September 2013	March 2014
October 2013	April 2014
November 2013	May 2014
December 2013	June 2014

* Indicates that the claim is under a lockdown period. Click here for more information



LEAs participating in the CEO or Provision 2 in a non-base year, will only be entering program enrollment, days of service and total meals. If you are currently participating in CEO or Provision 2 Nonbase year or if you have applied to participate in one of those provisions, do not enter the claim until you have been approved and the appropriate screen is available.

Step four:

Enter in your claim		
figures, then click		
"insert".	RA Claim Entry 2013-14 Return to SFA claim	
	Enter values for new record	
	Claim Period: Jul	
	Program Enrollment:	Days of Service:
	Total Meals:	
	Insert	

Step five:

This brings you to the previous page, where you can continue to enter your claim figures for the other recipient agencies. When they are all completed, click the "submit claim" button.

Submit Claim

CEO Screen

		RA CI	aims					
Recipients			Included	Below			Additional	Information
Name	LEA Code	Free	Reduced	Paid	Total		Hold Info	Prov. Info
and the second second	7236					New		Counts
	3151	10000	0	0	10000	Edit		Counts

SFA Claim Roll-up

To modify, select an RA above. The changes made to the RA will then be incorporated in the SFA roll-up claim below.

Claim Month Jul

Entered	09/26/13	Status	WORKING
Enrollment	500	Days of Service	20
Free Elig	500	Reduced Elig	0
Free Meals	10000	Reduced Meals	0
Paid Meals	0	Total Meals	10000
Submitted			

SFA Claim History

Claim	Created	Free	Reduced	Paid	Total	Status	Submitted
Orig	26-SEP-13	10000	0	0	10000	WORKING	
Total	26-SEP-13	10000	0	0	10000	WORKING	

Provision 2 Non-base Year Screen

Submit Claims RA Claims Included Below Additional Information Name LEA Code Free Reduced Paid Total Hold Info Prov. Info 1 9003 424 92 484 1000 Edit Counts

SFA Claim Roll-up

To modify, select an RA above. The changes made to the RA will then be incorporated in the SFA roll-up claim below.

Claim Month Jul

Entered	09/26/13	Status	WORKING
Enrollment	500	Days of Service	23
Free Elig	212	Reduced Elig	45
Free Meals	424	Reduced Meals	92
Paid Meals	484	Total Meals	1000
Submitted			

SFA Claim History

Claim	Created	Free	Reduced	Paid	Total	Status	Submitted
Orig	26-SEP-13	424	92	484	1000	WORKING	
Total	26-SEP-13	424	92	484	1000	WORKING	