Emergency COVID-19 Claim Instructions for Sponsors

Log into CNMS and from the 'Claims' tab on the blue bar, click on 'View/New'. Make sure you are choosing the school year 2019-20 and the program name is 'Summer Food Service Program.' If this is the first time you are entering emergency claims, choose 'New.' This process is very similar to submitting a regular SFSP claim.

Child Nutrition Management System												
PROGRAM •		CLAIMS •	REPORTS •	ADMIN >	LOG OFF ►							
Kingston Ci Enter all criteria to que	ty SD ery Claims											
School Year: Program Name:	2019-20	Service Program										
View/Adjust or New:	New •											
Find Clear												

Next you will choose the month you wish to claim for by selecting the radio button.

Chil	d Nutrition Mana	agement Syster	n		
PROGRAM >	CLAIMS ►	REPORTS •	ADMIN >	LOG OFF •	
Kingston City SI 620600010000	D				
Click here to renew SAM					
Select a Claim Period for Kingston City SD 620600010000	l for the 2019-20 Sumn	ner Food Service Prog	ram		
 September 2019 October 2019 November 2019 December 2019 	 January 2020 February 2020 March 2020 April 2020 				
* Indicates that the claim	is under a lockdown period	. Click <u>here</u> for more inforn	nation		
Claims already exist	for the following period	ds:			
 August 2019 					

The following steps must be completed for each site you are claiming meals at

Click on the blue arrow and click on the LEA of the site(s) where you will claim emergency meals for the month It is the sponsors responsibility to keep all documentation to clearly demonstrate where meals were prepared and distributed. If you have any questions, please reach out to your SFSP representative by email. Please note, ADULT meals are not claimable or reimbursable.

Enter in the emergency days of service (DOS). If there were days in which meals were served for multiple days, each day's meals must be counted. For example, if on Friday you served 3 days of meals for Fri, Sat, and Sun. This would count as 3 service days.

Please note, you can only claim for the meal types in which you were approved on your COVID-19 Emergency Application. Scroll down to the bottom the of the screen and click the 'Insert' button

Child Nutrition Management System													
PROGRAM	PROGRAM ► CLAIMS ► REPORTS ► ADMIN ► LOG OFF ►												
Sponsor Claim Please use € to se	Mar 2019-20 Summer Food Service Program Claim Kingston City SD-620600010000 Please use [*] to select LEA Code and Site Name												
LEA Code		🔹 lite	Name										
	Days Of	Service	Meals	Seconds	Total								
Breakfast	0		0	0	0								
Lunch	0		0	0	0								
Snack	0		0	0	0								
Supper	0		0	0	0								
Supimt	0		0										
Emergency Brk			0										
Emergency Lunch			0										
Emergency Snack			0			Insert? Cle	ear						

Once your claim is inserted, the meals will display in the Emergency section of the site claims. Once you have accurately entered the numbers, click the blue 'Submit Claim' button on the top of the screen above the 'Sponsor Claim Roll -Up.'

Apr 2019-20 Su Hebrew Ed	mmer Food ucational S	nmer Food Service Program Claim cational Society-331800100011						
	Sponsor Clai	m Ro	ll-Up					
Meal Type	Days Of Service	Meals	Seconds	Seconds Allowed	Total			
Breakfast	0	0	0	0	1000			
Lunch	0	0	0	0	1000			
Snack	0	0	0	0	0			
Supper	0	0	0	0	0			
Supplement	0	0						
Emergency Breakfast	8	1000						
Emergency Lunch/Suppe	r 8	1000						
Emergency Snack	0	0						
Create Date 04/16/20 Submit Date Status WORKING								
Update Revert								

Site Claims												
Sites	Included Above								Emergency			Additional Information
Name	Name LEA Code Breakfast Seconds Lunch Seconds Snack Seconds Supper Seconds Suplimt Breakfast Lunch/Supper Snack Hold Info										Hold Info	
ebrew Educational Society 331800100011 0 0 0 0 0 0 0 0 1000 0 0 0												
o modify, select a Site. The changes made to the Site will then be incorporated in the Sponsor claim roll-up above.												

New Site Claim