

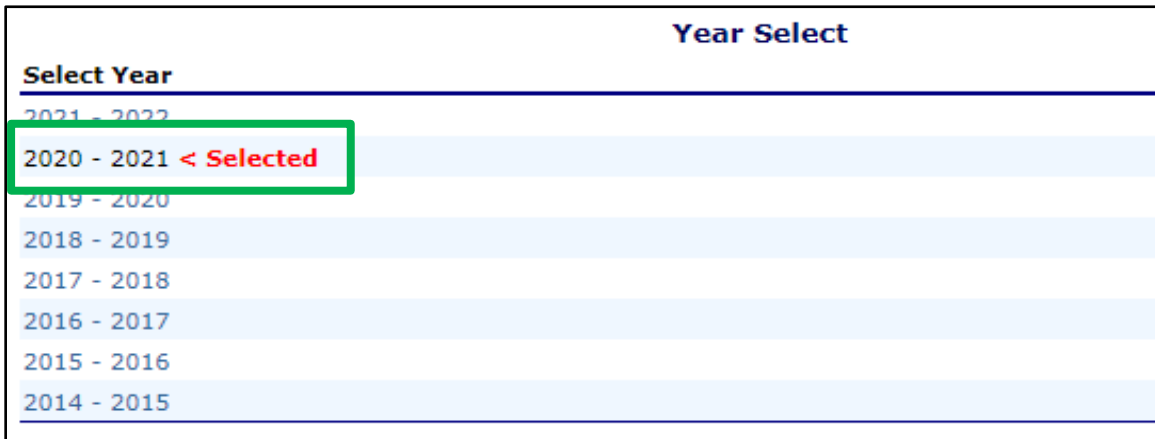
**Nebraska Department of Education**  
**Office of Nutrition Services**  
SSO Claim Entry Hints & Tips (8-27-2021)

Begin by logging into the [CNP System](#).

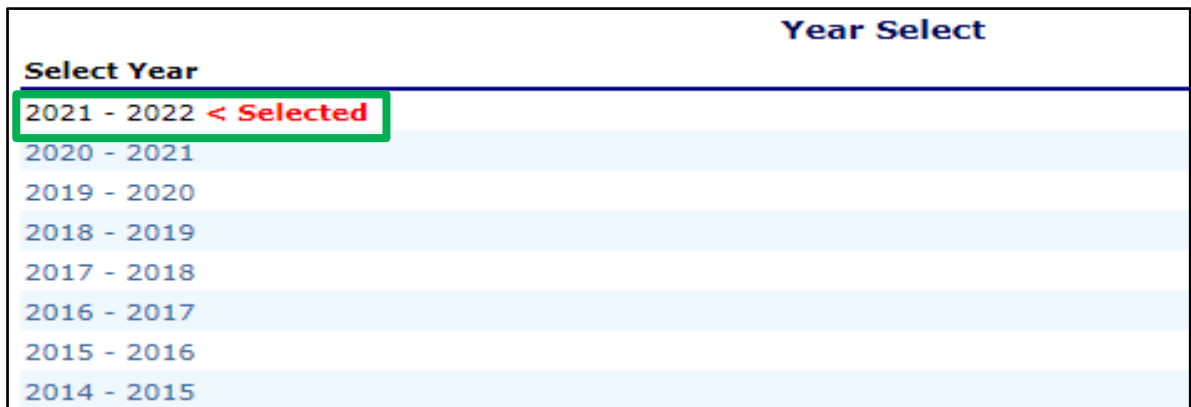
To submit SSO claims from August and September 2021, first change the year by clicking Year from the menu of options across the top.



On the next screen, select 2020-2021.



To enter claims from October 2021 – May 2022 make sure you select 2021-2022. By default, it should pull up the current school year.



Once you have selected the correct year, choose "Claims" from the menu of options across the top. Then click on "Claim – SSO" under Item.

**School Nutrition Programs**

NEBRASKA DEPARTMENT OF EDUCATION

Applications | **Claims** | Compliance | Reports | Security | Search | Programs | Year | Help | Log Out

Claims > School Year: 2021 - 2022

Item	Description
Claim - SNP	School Nutrition Program Claims
<b>Claim - SSO</b>	Seamless Summer Option Claims
Claim - FFVP	Fresh Fruit and Vegetable Program Claims
Claim Rates	View current claim rates
Payment Summary	Summary of payments made to this Sponsor
Grant Award Notification	Grant Award Notification

Select the Month for which you want to submit a claim.

Claim Month	Adj Number	Claim Status	Date Received	Date Processed	Earned Amount
Oct 2020					\$0.00
Nov 2020					\$0.00
Dec 2020					\$0.00
Jan 2021					\$0.00
Feb 2021					\$0.00
Mar 2021					\$0.00
Apr 2021					\$0.00
May 2021					\$0.00
Jun 2021					\$0.00
Jul 2021					\$0.00
<b>Aug 2021</b>					\$0.00
Sep 2021					\$0.00
<b>Year to Date Totals</b>					<b>\$0.00</b>



Click on the red "Add Original Claim" button.

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
There are no claims for this month.						
					Total Earned	\$0.00
<input type="button" value=" &lt; Back"/> <input style="border: 2px solid green;" type="button" value=" Add Original Claim"/>						

Select "Add" next to the site for which you want to submit a claim. Like regular SNP claiming, each site will have its own SSO monthly claim.

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Aug 2021	0				
Actions	Site #	Site Name	Errors	Status	
Add	0001	School			
Add	0002	School			
Add	0004	School			
<input type="button" value=" &lt; Back"/> <input type="button" value=" Continue"/> <input type="button" value=" Upload Claim Data"/>					DELETE

**Note:** The claims screen will show the meal types indicated in the SSO site application with allowable meal combinations as follows:

1. Breakfast and Lunch through SSO
2. Breakfast and Lunch through SSO + Afterschool Care Program (snack) through SNP
3. Lunch and Snack through SSO
4. Lunch only through SSO

**Note:** the SSO claim screen is different than the SFSP and SNP claim screens. The lunch claim information is on the top and the breakfast claim information is below it.



Follow the claim entry instructions for each piece of claim information below.

SL1. Authorized Sites Participating = 1

SL2. Enrollment = Average Daily Attendance (the average number of students in attendance during the claim month)

SL3. Number of Operating Days = the number of meal service days in the claim month (this number cannot exceed the number reported in #13 on the SSO Site Application.)

SL4. a. Free Lunches Served = total number of reimbursable first meals served to enrolled students during the claim month.

SL4. b. **DO NOT ENTER A VALUE FOR FREE SUPPERS SERVED.**

SL4. c. Total Meals Served will automatically populate.

If the site serves breakfast or snack, complete the meal claim information following the above claim entry instructions. If breakfast or snack is not a meal service indicated in the SSO site application, then that information will not display in the claim. When finished, click the red "Save" button at the bottom.

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Aug 2021	0				

---

**National School Lunch/Suppers**

SL1. Authorized Sites Participating:

SL2. Enrollment:

SL3. Number Operating Days:

SL4. Reimbursable Meals Served

a. Free Lunches Served:

b. Free Suppers Served:

c. Total Meals Served:

---

**School Breakfast Program (Regular Reimbursement)**

SB1. Authorized Sites Participating:

SB2. Enrollment:

SB3. Number Operating Days:

SB4. Reimbursable Meals Served

a. Free Breakfast Served:

b. Total Breakfast Served:

Created By:

VIEW | **MODIFY** | DELETE



Click "Finish".

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Aug 2021	0				
<b>The Site Claim has been saved.</b>					
<input type="button" value=" &lt; Edit"/> <input type="button" value=" Finish"/>					

Repeat these steps for each site operated during the claim month. When all site claims have been entered, click the red "Continue" button at the bottom of the list of sites.

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Aug 2021	0				
<b>Actions</b>	<b>Site #</b>	<b>Site Name</b>	<b>Errors</b>	<b>Status</b>	
View   Modify	0001	School		Validated	
View   Modify	0002	School		Validated	
View   Modify	0004	School		Validated	
<input type="button" value=" &lt; Back"/> <input type="button" value=" Continue"/> <input type="button" value=" Upload Claim Data"/>					
DELETE					

You will be taken to a claim summary page where you will mark the certification box at the bottom of the page and then click the red "Submit for Payment" button.

<b>Claim Reimbursement Total</b>	<b>80,472.62</b>
<b>Certification</b>	
<input checked="" type="checkbox"/>	By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise." U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).
<input type="button" value=" &lt; Back"/> <input type="button" value=" Submit For Payment"/>	



Once submitted, a confirmation page will display. Click "Finished".

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Aug 2021	0	08/20/2021	08/25/2021		Original

Confirmation Number: **AT5A89**

Thank you for your **August 2021** Claim Submission.

An email confirmation has been sent to: @lakeview.esu7.org

**STOP here if you are only submitting claims through SSO.**

**Note: If your site is operating Breakfast and Lunch through SSO + Afterschool Care Program (snack) through SNP, you will need to select "Claim – SNP" to submit the Afterschool Snack claims. Make sure the school year is set to 2021-2022. By default, it should pull up the current school year.**

Item	Description
<input type="button" value="Claim - SNP"/>	School Nutrition Program Claims
<input type="button" value="Claim - SSO"/>	Seamless Summer Option Claims
<input type="button" value="Claim - FFVP"/>	Fresh Fruit and Vegetable Program Claims
<input type="button" value="Claim Rates"/>	View current claim rates
<input type="button" value="Payment Summary"/>	Summary of payments made to this Sponsor
<input type="button" value="Grant Award Notification"/>	Grant Award Notification

School Year: 2021 - 2022



Select the Month for which you want to submit a claim.

Claim Month	Adj Number	Claim Status	Date Received	Date Processed	Earned Amount
Jul 2021					\$0.00
Aug 2021					\$0.00
Sep 2021					\$0.00
Oct 2021					\$0.00
Nov 2021					\$0.00
Dec 2021					\$0.00
Jan 2022					\$0.00
Feb 2022					\$0.00
Mar 2022					\$0.00
Apr 2022					\$0.00
May 2022					\$0.00
Jun 2022					\$0.00
<b>Year to Date Totals</b>					<b>\$0.00</b>

Click on the red "Add Original Claim" button.

Claim Month: August 2021						
Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
There are no claims for this month.						
<b>Total Earned</b>					\$0.00	
<input type="button" value=" &lt; Back"/>		<input type="button" value=" Add Original Claim"/>				

Select "Add" next to the site for which you want to submit a claim. Each site will have its own SNP monthly claim.

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Aug 2021	0				
Actions	Site #	Site Name	Errors	Status	
Add	0001	High School			
Add	0002	Elementary School			
Add	0004	Elementary School			





Only the meals indicated on the SNP site application will display. Follow the claim entry instructions for each piece of claim information below.

- A1. Number of Children Approved for Free Snacks = the total number of children enrolled in Afterschool Care Program at this site.
- A2. Number of Operating Days = the number of meal service days in the claim month (this number cannot exceed the number reported in the site application based on start and end dates listed and days of the week checked.)
- A3. Average Daily Attendance = the average number of students in attendance during the claim month
- A4a. Free Snacks Served = total number of reimbursable first snacks served to enrolled students during the claim month.

When finished click the red "Save" button at the bottom.

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Aug 2021	0				

---

**Afterschool Care Program (Area Eligible)**

A1. Number of Children Approved for Free Snacks:

A2. Number Operating Days:

A3. Average Daily Attendance:

A4. Reimbursable Snacks Served

    a. Free Snacks Served:

Created By:

Repeat these steps for each site operated during the claim month. When all site claims have been entered, click the red "Continue" button at the bottom of the list of sites.

Actions	Site #	Site Name	Errors	Status
Add	0001	High School		
View   Modify	0002	Elementary School		Validated
View   Modify	0004	Elementary School		Validated



You will be taken to a claim summary page where you will mark the certification box at the bottom of the page and then click the red "Submit for Payment" button.

<b>Claim Reimbursement Total</b>	<b>1,526.00</b>
<b>Certification</b>	
<input checked="" type="checkbox"/> By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise." U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).	
<a href="#">&lt; Back</a>	<a href="#">Submit For Payment</a>

Once submitted, a confirmation page will display. Click "Finished".

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Aug 2021	0	08/27/2021	08/27/2021		Original

Confirmation Number: **BYOFKA**

Thank you for your **August 2021** Claim Submission.

An email confirmation has been sent to                   @lakeview.esu7.org

[Finished](#)

