



Child Care Food Program Child Care Center Claim

Authorization Number: _____ FEID Number: _____ Revised Voucher:
Date Received: _____ Fiscal Year: _____ Claim Status: _____

Contractor Information

Organization Name: _____
Street Address: _____
Mailing Address: _____

City: _____ State: _____ Zip: _____
Phone Number: _____ Extension: _____ Fax Number: _____

Contact Information

Salutation: _____ First Name: _____ Last Name: _____
E-mail Address: _____

Claim Information

Claim Period: Month _____ Year _____

Operating Days: _____

Number of Sites Operated: PNP OSHCC For-Profit HS Total

Children Enrolled by Category: Free Reduced Non-needly Total

Food Service

Number of Meals Claimed:

Breakfast Morning Snack Lunch Afternoon Snack Supper Evening Snack

Program Expenditures/Income

Operating Expenditures: Administrative Expenditures: Income to Program:
\$ \$ \$

I certify that to the best of my knowledge and belief, this claim is true and correct in all respects and that supporting documentation is available. If this is a for-profit center or for-profit sponsoring organization, I certify that the site(s) claimed meet(s) the 25% low-income eligibility requirement.

Signature: _____ Title: _____

Preparation Date: _____

INSTRUCTIONS FOR FILING MONTHLY CLAIM ON-LINE

****If a multi-site contractor, you will also need
Site-Based Claiming Instructions found
on our website (www.floridahealth.gov/ccfp)**

Claims are filed online via our web-based Management and Information System (MIPS) except for certain circumstances. Instructions are below.

MIPS Log-in Process for New Users

1. Enter web site address listed above.
2. Click on **Access MIPS**.
3. Click on link labeled **New User?**
4. Enter your 4-digit Authorization Number. You can find this number on your Approval Letter. Do not include the letter that is in front of your Authorization Number; just enter the numbers. (e.g., I-3020 = 3020).
5. Enter your Federal Employee ID Number (FEIN). This number is 9 digits long, no letters or dashes.
6. Click on the **Verify** button.
7. Click in the dropdown box next to Security Question and choose a question to which you will always remember the answer. Insert the Security Answer. This answer is not case-sensitive. If you ever need to change your PIN in the future, you will have to answer this Security Question.
8. Click on the **Continue** button.
9. Enter your New Password and Confirm Password. These two entries need to be the same in order for the information to save. Please follow the password requirements on the screen (e.g., Password must contain 8-14 characters, with at least one uppercase letter, one lowercase letter and at least one number).
10. Click on the **Save Password** button. Remember your password and keep it confidential. If you forget this number, you can recreate it yourself by clicking on the **Locked Out or Forgot Password** link on the log-in screen.
11. From the **Main Menu** select the **File A Claim** link.
12. Select a Claim Month from the dropdown and click on the **Continue** button. If there are no dates listed in the dropdown, this means all your eligible claims have already been filed.
13. The Program Manager section will appear. Please double-check the information on the screen. If the information is correct then click the **Yes** button. If the information is not correct click the **No** button.
14. If **No**, enter the First Name, Last Name, Email, Phone, Fax and Date of Birth of the Program Manager.
15. Click the **Update** button. The claim form will then appear.

INSTRUCTIONS FOR FILING MONTHLY CLAIM ON-LINE

****If a multi-site contractor, you will also need
Site-Based Claiming Instructions found
on our website (www.floridahealth.gov/ccfp)**

MIPS Log-in Process for Current Users

1. Enter web site address listed above.
2. Click on **Access MIPS**.
3. Enter your 4-digit Authorization Number. If your Authorization Number is less than four numbers, add zero(s) to the front of it. Do not include the letter that is in front of your Authorization Number; just enter the 4 numbers. (e.g., I-982 = 0982).
4. Enter your Password. Click on **Log In**. If you have forgotten your password, click on the Locked Out or **Forgot Password** link to recreate one.
5. From the **Main Menu** select the **File A Claim** link.
6. Select a Claim Month from the dropdown and click on the **Continue** button. If there are no dates listed in the dropdown, this means all your eligible claims have already been filed.
7. The Program Manager section will appear. Please double-check the information on the screen. If the information is correct then click the **Yes** button. If the information is not correct click the **No** button.
8. If **No**, enter the First Name, Last Name, Email, Phone, Fax and Date of Birth of the Program Manager.
9. Click the **Update** button. The claim form will then appear.

Completion of Claim Fields

Some fields may not be on your claim because they don't apply to your contractor type. If they are specific to a particular contractor type, the type will be in parenthesis.

Operating Days: Enter the actual number of days meals were served during the claim month. Each claim must request reimbursement for one month only.

Centers/Sites/Homes Operated During Claim Month: This field should be automatically filled in. If you are a multi-site contractor, you will file each site individually as explained in the Site-Based Claiming instructions and this field will then be filled in for you on the Sponsor claim.

Children Enrolled by Category (I, S, U): Enter the correct number in each category. These numbers are taken from your enrollment roster and should include **all** children that were in attendance this month. If you are a multi-site contractor, you will file each site individually as explained in the Site-Based Claiming instructions and this field will then be filled in for you on the Sponsor claim.

Afterschool Children Enrolled (A): Enter the total number of children enrolled for afterschool care.

Highest Daily Attendance (A): Find the day with the highest number of children in attendance for the month. Enter the attendance number for that day.

Meals/Snacks Claimed: Enter the actual number of meals/snacks served to children during the claim month for each approved meal type.

Operating Expenditures: (DO NOT USE DECIMALS) Enter the amount of CCFP related expenditures. This may include food purchases, food service labor costs, non-food meal supplies, food service equipment, and transportation costs for food service. *Do not leave blank or your claim will not save.*

Administrative Expenditures: (DO NOT USE DECIMALS) Enter the amount of CCFP related expenditures. This may include administrative labor costs, contracted labor, training, travel, office rental, utilities and office supply costs. If you are not claiming administrative expenditures, enter "0." *Do not leave blank or your claim will not save.*

Income to Program: (DO NOT USE DECIMALS) Enter the amount of money (if any), received from the sale of meals. Typically, this amount is \$0. *Do not leave blank or your claim will not save.*

(For-Profits Only)

OPTION 1 - SSBG (Title XX) Eligibility: If using Option 1, enter total # of Title XX children that were in attendance this month.

OPTION 2 - Free/Reduced Eligibility: If using Option 2, the % of free and reduced children will automatically be determined for you.

Submitting the Claim:

After filling in all necessary numbers on the claim form, click on the **Calculate** button. If you wish to print your claim, you must do that **AFTER** you submit your claim, or all information will be lost.

Then click on the **Submit Claim** button. **FAILURE TO SUBMIT CLAIM WILL RESULT IN THE CLAIM NOT BEING PROCESSED.** When you click on **Submit Claim**, a box will pop-up on your screen saying, "Congratulations, your claim has been successfully submitted!" Click on **OK** and then you may print your claim.