

# CARES

## CACFP-Application-Reimbursement-Electronic-System



## Claims Submission Step by Step User Manual

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New Jersey Department of Agriculture  
Child and Adult Care Food Program (CACFP)

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# **CARES Claim Module Step by Step Guide**

This Guide is a Step by Step guide to assist a user on how to submit a CACFP CARES claims. It is to be used in conjunction with the CARES Claims Manual.

## **7 Steps to add a Claim in CARES:**

**Step 1: Login to CARES**

**Step 2: Select Agreement in Claims Module**

**Step 3: Select Claim Month**

**Step 4: Enter Facility / Facilities Claim Participation Data/Meal Counts**

**Step 5: View Claim Summary / Submit**

**Step 6: Center Claim Data Page Review and Submission**

**Step 7: Certify Claim**

# Application Module Claim Setup

## CARES Claims Requirements

CARES Claims module works in conjunction with the CARES Application module; if applications are not setup correctly, then the user will not be able to submit a claim for reimbursement.

To be able to submit a CARES Claim for reimbursement, the following CARES application requirements must be approved. **NOTE: If these requirements are not met, you will not be able to Submit a Claim in CARES.**

### Current Fiscal Year Approved Application

Each year, institutions are required to submit a CACFP CARES application for approval. If an institution application is not submitted and approved by CACFP, the institution will not be able to submit a claim in the CARES Claim module for that Fiscal year.

### SAMS Expiration Date Must be Current.

SAMS Expiration Date on the **Institution Business Maintenance** page will need to be current or the CARES Claims system will not allow for claim submission.

### Facility License

Facility License should be up to date or CARES Claims system will not allow for claim submission for that facility until License is updated in **Facility Application**. If a Facility License is expired the System will display the following message: *“Permit is currently expired for this facility, the user will not be able to submit claim until License is updated in the Application module under Facility Maintenance.”*

### Application for Center Facility Participation

Application for Center Facility Application on the Application (Checklist Item #8) will need to be current and approved for a site to receive reimbursement for that facility. If a user needs to make a change to their Operating Data and Revision (Schedule A) the user will now make those changes in the Application Module in Application Center Facility. If a change is made a NPS specialist needs to approve the change before the site can receive reimbursement.

## Submitter/Certifier Login ID

For Claims submission, each Institution will need a Submitter and a Certifier to complete a claim submission each month. **NOTE: If you do not Certify a claim you will not receive reimbursement.**

The Claims Module is where the User/Submitter will initially submit the monthly claim for reimbursement per facility. Then, the User/Certifier will certify the information is correct. Once the Certifier submits, CARES will be notified for claim reimbursement.

## Setting up CARES Login ID's

Each Institution should have a User for

- ❖ Claims Submission – *CACFP Staff*
- ❖ Claims Certifier/ Approval – *Owner/Director*

For protection, it is required that each Institution have at least 2 Users with separate Login ID's. Each user will play an administrative role. Even if an Institution only has one staff member, it must have separate Login ID's for both a Submitter and Certifier. This is especially true for Claims submission. The Submitter will be responsible for submitting claims, while the Certifier will be responsible for approving the claim.

**Claims Submitter/Application** this user will be able to submit claims and manage applications.

**Required.** *More than 1 submitter is allowed per institution. This should be the staff responsible for the CACFP Program.*

**Claims Certifier/Application** this user will be able to certify claims and manage applications. **Required.** *Only 1 Certifier ID is allowed per institution. The Certifier should be the Owner or Executive Director.*

## New User ID Setup

To set up a new user, access the site below and fill in the correct agreement information. Once completed, notify [NJCARES@ag.nj.gov](mailto:NJCARES@ag.nj.gov) to activate the login.

[CACFP CARES New User Login Link](#)

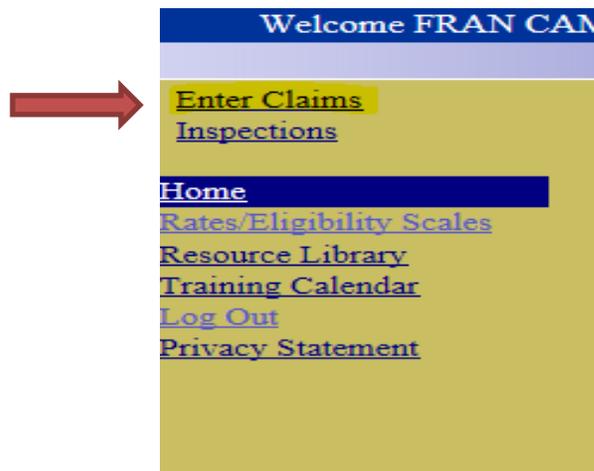
# Step by Step Guide – Submitting a Claim

## Step 1: Login To CARES

Each Facility must have each claim **both** submitted and certified to receive reimbursement. This will be done with two different logins; one with the ability to Submit – (**Submitter**), and one with the ability to Certify – (**Certifier**). **NOTE: If you do not Certify a claim you will not receive reimbursement.**

### Login to CARES at NJ.Gov - Submitter

To submit monthly claims, the Submitter will login to CARES and select **Enter Claims** on the Menu Bar (see image below). This will direct the Submitter to the Claims Module.



## Step 2: Select Agreement in Claims Module

Select the Agreement # for claim entry. Then, select **Enter Claims**.

Institutions Associated with APPLE CORE					
Select	Prefix	Number	TIN	Name	Phone
Select	21	1408	12222222	APPLE CORE	6099841250
1					

### Step 3: Selecting Claim Month

1. Select Claim Month from drop down list
2. Enter Claim Year of the claim you are submitting
3. Select Search
4. Select Claim Listing for the Month/Year Requested – this will display Site Listing for Current Claim
5. Select Site to enter claim information – this step will be repeated for all claiming sites for the claim month to receive reimbursement for that site
6. This will bring the user to the facility monthly Site Listing for current claim voucher for that Listing/Facility

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21-1408 - APPLE CORE  
123 FIRST AVE  
TRENTON, NJ 08625-3802  
Federal ID:  
12222222

Claim Month    
Claim Year

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status	Certified Date	Processed Date
Select	Adjust		8	2018	New		
1							

[View Claim Summary](#)

Site Listing for Current Claim

Select	Amount	Date Entered	Name	Lic #	AllowReimb	Site #	Permit Expires	Facility
Select	No Claim	No Claim	APPLECARE		True	4	7/1/2019	Childcare Center
Select	No Claim	No Claim	NJDA CARES		True	3	12/3/2020	Childcare Center
Select	No Claim	No Claim	NJDA CARES SITE AT RISK		True	2	7/1/2019	At Risk(School Age - 18)

1

## Step 4: Entering Facility Claim Participation Data/Meal Counts

User should enter the required information for submission then select **Calculate** to verify reimbursement amounts and **Save** to save information for submission.

1. Enter the required information for submission. (see below).

NJDA CARES

Meal Service Days   
Total Monthly Attendance

**Participation Data**

Number of Free Enrolled   
Number Reduced Enrolled   
Number Paid Enrolled   
Total Enrollment   
Average Daily Attendance

Average Daily Participation Child Care  At Risk  Adult  Homeless

**Child Care Meal Counts**

	Free	Reduced	Paid
Number of Breakfast	<input type="text" value="2000"/>	<input type="text" value="1000"/>	<input type="text" value="1000"/>
Number of AM Snack	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Number of Lunches	<input type="text" value="2000"/>	<input type="text" value="1000"/>	<input type="text" value="1000"/>
Number of PM Snacks	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Number of Suppers	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Number of Evening Snacks	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

- Select **Calculate** to verify reimbursement amounts, then **Save** to save information for submission (**see below**).

Cash in Lieu Total	\$940.00
Total of Meals Claimed	\$15,220.00
Subtotal	\$16,160.00

Once the User selects **Save**, they will be returned to the “*Site Listing for Current Claim*” grid. This displays the claim amount and date-of-claim entry. Repeat the above process for remaining Facilities until all claims have been submitted for that month.

Site Listing for Current Claim

Select	Amount	Date Entered	Name	Lic #	AllowReimb	Site #	Permit Expires	Facility
Select	No Claim	No Claim	APPLECARE		True	4	7/1/2019	Childcare Center
Select	No Claim	No Claim	NJDA CARES		True	3	12/3/2020	Childcare Center
Select	No Claim	No Claim	NJDA CARES SITE AT RISK		True	2	7/1/2019	At Risk(School Age - 18)
1								

## Step 5: View Claim Summary to Submit

Once all Facility Claim information is completed, the user will select the **View Claim Summary** button and be directed to the Center Claim Data Page.

View Claim Summary

## Step 6: The Center Claim Data Page Review and Submission

Once the user selects View Claim Summary CARES will display the following:

1. A review of all Facility Claim information for that month
2. Average Daily Participation
3. Comment section

CACFP Center Claim Data			
Claim Date	10/2/2018		
Claim Month	September		
Claim Year	2018		
Meal Service Days	20		
Number of Sites			
Child Care	2	At Risk	1
Adult	0	Homeless	0
<b>Participation Data</b>			
Number Free	170		
Number reduced-price	55		
Number not eligible	55		
<b>Child Care Meal Counts</b>			
	<b>Free</b>	<b>Reduced</b>	<b>Paid</b>
Number of Breakfast	2100	1050	1050
Number of AM Snack	0	0	0
Number of Lunches	2100	1050	1050
Number of PM Snacks	0	0	0
Number of Suppers	0	0	0
Number of Evening Snacks	0	0	0

Once all Claim information is reviewed, select **Submit** (at the bottom of the page). The Claim is now ready to be certified by the Certifier. *\*For further instruction please refer to the CARES Claims Manual.\**

Print Claim Summary

Submit

Return to Site Claims

Print Site Summary

Print Disbursement

If you need assistance, please call CNP at (609) 984-1266.

## Step 7: Certifying a Claim

Once a Claim has been submitted, the Certifier will login to the Claims Module to Certify the Claim. **All Claims for the Institution should be entered before the certifying process takes place.** Once the Claim month is certified, the system will not allow the User to enter additional Claims for that month. ***A claim will not receive any reimbursement unless it is certified.***

1. Follow steps 1 & 2 mentioned above.
2. Enter the **Claim Month** and **Claim Year** to be Certified and hit **Select**.
3. Select **View Claim Summary**.
4. Review data information to ensure accuracy.
5. Scroll to bottom of page and enter the Certifying date in the “**Date Signed**” field (see *image below*).
6. Select **Certify**.

The screenshot shows a web interface for certifying a claim. On the left, there are labels for 'Date Signed' and 'Comments'. The 'Date Signed' field contains the date '10/2/2018'. Below it is a large text area for 'Comments'. To the right of the 'Comments' field, there is a confirmation message: 'Certified by: CLIAMS CERT on 10/02/2018'. Below this message are four buttons: 'Submit', 'Return to Site Claims', 'Print Site Summary', and 'Print Disbursement'. To the left of these buttons is a button labeled 'Print Claim Summary'. At the bottom of the form area, there is a note: 'If you need assistance, please call CNP at (609) 984-1266.'

***Claim/s are now processed for reimbursement.***