Step 1: Select the claim month to be revised. The month may already have processed claim amounts listed.

Reimbursement Claim(s)

Sponsor Information			
Sponsor Name	IRN	County	Program Year
Sample Head Start	1789023	All	2008

Select a Claim Month				
Program Year: 2008				
Claim Month	Revision Number	Claim Status	Month to Date	
			Earned Amount	Amount Paid
Oct 2007	0	Processed	$0.00	$7,113
Nov 2007	0	Processed	$0.00	$5,177
Dec 2007	0	Processed	$0.00	$3,773
Jan 2008	1	Processed	$0.00	$4,978
Feb 2008	0	Processed	$0.00	$4,297
Mar 2008	1	Not Submitted	$0.00	
Apr 2008				
May 2008				
Jun 2008				
Jul 2008				
Aug 2008				
Sep 2008				
		Year-to-Date Totals	**$0.00**	**$23,935**

Step 2: Make adjustments to the claim by resubmitting the Sponsor claim and Modifying the site claims. This action will allow you to change the Free, Reduced and Paid Categories for each site.

CACFP Centers
Reimbursement Claim(s)

Sponsor Information				
Sponsor Name	IRN	County	Month Claimed	Revision
			Mar 2008	**1**

Center Claims					
Site Name	IRN	Revision	Status	Action	
Arlington CDC	50003204	1	Not Processed	Modify	Delete
Cedar Early Head Start	50000454	1	Not Processed	Modify	Delete
Five Points CDC	50000741	1	Not Processed	Modify	Delete
Five Points II	50008245	1	Not Processed	Modify	Delete

Step 3: After submitting each site revision. You will need to resubmit the entire claim by clicking on the "Submit for Processing" button at the bottom of the menu.

CACFP Reimbursement Claim(s) Menu

Monthly Claim Form				
Sponsor Name	**IRN**	**County**	**Month Claimed**	**Revision**
			Mar 2008	**1**

Action	Title	Status	Errors	Last Updated
GO!	Sponsor Claim	Not Submitted	0	
GO!	Site Level Meal Reporting	Approved Sites: 9	Claimed Sites: 0	Zero Claims: 0
GO!	Reimbursement Statement			

Note: you must select the "Submit for Processing" button to submit your claim for payment.

< Back | Cancel | Submit for Processing

Step 4: The following error will appear. At this point click the "back " button.

CACFP Reimbursement Claim(s) Recap

Sponsor Information					
Sponsor Name	**IRN**	**County**	**Month Claimed**	**Claim No.**	**Reference No.**
			Mar 2008	**1**	**217743**

The record you tried to submit caused a critical error and could **not be saved**! The following message describes the error.

Code	Description
51117	**Revised claims submitted must be received within 60 days from the last day of the claim month unless it is a downward adjustment**

Step 5: Continue to click the "back" buttons until you can view the following page.

CACFP Centers
Reimbursement Claim(s)

Monthly Claim Form				
Sponsor Name	**IRN**	**County**	**Month Claimed**	**Program Year**
			Mar 2008	**2008**

Sponsor Claim(s)							
Revision Number	**Received Date**	**Process Date**	**Claim Amount**	**Status**	**Action**		
0	05/02/2008	05/07/2008	48,909.56	Processed			View
1	06/27/2008		0.00	Not Submitted	Modify	Delete	View
			Total 48,909.56				

< Back | Cancel

Step 6: At this point the adjusted claims will be submitted to the State Agency for processing. Email Mary Brison at Mary.brison@ode.state.oh.us. that you have submitted Head Start Revisions for processing.