Late Claim – One-Time Exception with Corrective Action Plan Option

CONTRACTING ENTITY INFORMATION				
CE ID	Contracting Entity Name	Late Claim Month	Late Claim Year (yyyy)	☐ Original or ☐ Adjusted

Child Nutrition Program(s) *Check only if apply to this clam*

Child & Adult Care Food Program (CACFP)
- ☐ Adult Day (ADC)
- ☐ Child Care Center (CCC)
- ☐ At-Risk Afterschool Program (ARC)
- ☐ Emergency Shelter (ES)
- ☐ Head Start Center (HS)
- ☐ Day Care Home (DCH)

School Nutrition Program (SNP)
- ☐ National School Lunch Program (NSLP)
- ☐ School Breakfast Program (SBP)
- ☐ Afterschool Care Program (ASCP)
- ☐ Special Milk Program (SMP)
- ☐ Seamless Summer (SSO)

☐ **Summer Food Service Program (SFSP)** ☐ **Fresh Fruit & Vegetable (FFVP)**

CE's Address	*City, State*	Zip

Title	Name of Primary Authorized Representative	Telephone Number
Title	Secondary Authorized Representative	Telephone Number

ONE-TIME EXCEPTION REFUSAL / SIGNATURE

☐ I choose not to use the one-time exception for reimbursement of this claim

Signature of Authorized Representative ▶	Date Signed *Mo./Day/Yr.*

☐ I choose to accept the one-time exception for reimbursement of this claim and will complete the Corrective Action Plan below.

I UNDERSTAND AND CERTFY that this Late Claim can only be granted once every 36 months (three years), and that future late claims or amendments will not be paid unless we have not been granted an exception within the previous 36-month period or the circumstances qualify as a Good Cause Exception as defined in the TDA Program Handbook or ARM.

Signature of Authorized Representative ▶	Date Signed *Mo./Day/Yr.*

CORRECTIVE ACTION PLAN CERTIFICATION / SIGNATURE

CORRECTIVE ACTION PLAN
Must be completed for an exemption to be granted

1. **Identify which internal controls** were not in place or not followed, thus resulting in a late claim submission.

2. Develop and submit written procedures to ensure that claims are filed on time and to avoid late claims from reoccurring.
Procedure(s) must ensure claims are submitted to TDA correctly and, completed by an authorized individual by the due date.

3. Identify who (provide title(s) and full legal name(s)) will be responsible for implementing the procedure to ensure that claims are filed timely each month.

Full Legal Name	Title	Telephone Number
Full Legal Name	Title	Telephone Number

4. Explain when the procedure will be implemented to ensure that claims are filed timely. A timeline must be included for implementing the procedure (i.e., what steps will be performed to ensure claims are filed on time each month).

5. Explain how those responsible for filing claims on time each month will be informed of the new and/or updated procedure(s)

TDA – INTERNAL USE ONLY / SIGNATURE

☐ Approved *The plan; meets the required components of an acceptable corrective action plan*

☐ Not Approved *The plan; does not meet the required components of an acceptable corrective action plan*. Reason for disapproval:

Signature ▶	Title	Date Signed *Mo./Day/Yr.*