

Adjustment of Claims Worksheet Miscategorized At-Risk Students

11/5/25

KSDE auditor is to give this form to the Authorized Representative to complete. Instructions for completing this form are on page two.

Sponsor Name

School Yr.

Student Name

Attendance Center

Category Change (Check One)	Months Revised (Check all that apply)	Number of Meals per Month			
		Breakfasts	Lunches	Snacks	Special Milk
☐ Free to Reduced	☐ August				
☐ Free to Paid	☐ September				
☐ Reduced to Free	☐ October				
☐ Reduced to Paid	☐ November				
☐ Paid to Free	☐ December				
☐ Paid to Reduced	☐ January				
	☐ February				
	☐ March				
	☐ April				
	☐ May				
	☐ June				
	☐ July				

Reason for change

Notification to Household of Change or Termination in Benefits Mailed on _____
Date

Student Name

Attendance Center

Category Change (Check One)	Months Revised (Check all that apply)	Number of Meals per Month			
		Breakfasts	Lunches	Snacks	Special Milk
☐ Free to Reduced	☐ August				
☐ Free to Paid	☐ September				
☐ Reduced to Free	☐ October				
☐ Reduced to Paid	☐ November				
☐ Paid to Free	☐ December				
☐ Paid to Reduced	☐ January				
	☐ February				
	☐ March				
	☐ April				
	☐ May				
	☐ June				
	☐ July				

Reason for change

Notification to Household of Change or Termination in Benefits Mailed on _____
Date

I certify that the eligibility category changes indicated above have been made, the household(s) affected have been notified of the change in benefits.

Sponsor's Representative

Title

Date

Instructions for Completing Worksheet
for Adjustment of Claims
for Miscategorized At-Risk Students

11/5/25

This form is provided by the Kansas State Department of Education (KSDE), Child Nutrition & Wellness. For assistance in completing this form, call 785-296-2276.

Instructions for Items to be Completed by KSDE Auditor

Sponsor Name and Number	Enter Sponsor's name and number.
School Year	Enter school year of report.
Student's Name	Name of student on district's at-risk count who is not eligible for free meals or who had other category changes found during School Nutrition Program audit
Attendance Center	Name of building where student attends
Benefit Change	Indicate the change made to the student's eligibility status.
Reason for Change	Indicate the income amount and number of people in household.

Instructions for Items to be Completed by Sponsor's Authorized Representative

Months Revised	Check all months in which it is necessary to revise your Claim for Reimbursement for School Nutrition Programs.
Meals Claimed	For each month checked, indicate the number of meals revised due to the eligibility change for this student. If no meals were claimed for the student, put "0".
Notification to Household of Change or Termination in Benefits	Date the Notification to Household of Change or Termination in Benefits was mailed
Sponsor Representative	Signature of Sponsor's representative completing this form.
Title	Title of Sponsor's representative completing this form.
Date	Date this form was completed

Please return the completed Adjustment of Claims Worksheet by: 12/5/25

The Sponsor's Authorized Representative should submit the Adjustment of Claims Worksheet to KSDE's School Finance team within 30 days of this notice.

KSDE's School Finance team's mailing address is:

KSDE
School Finance
900 SW Jackson St.
Topeka, KS 66612

If email is more convenient, then scan the completed and signed form and send it to:

Dessa.Gifford@ksde.gov

Actual claim revisions will be made by School Finance. A copy of the Adjustment of Claims Worksheet for Miscategorized At-Risk Students should be kept on file at the district for future review or audit of the School Nutrition Program.