

**Logout**

# CLICS 2

Kathy Faust

Sponsor: 1000005098

Crosslake Community School

Create New  
ClaimsView or  
Modify ClaimsInterface  
Claim FileClaim  
Summary

Claims &gt; CACFP Claim Maintenance

## Applications

### Claims

### User Information

### Payment

### Verification Reporting

### Direct Certification

### FDP

### Admin Review

Changes have been accepted

### Child and Adult Care Food Program (CACFP) Claim Information

Site 1000005374 - Crosslake Community School

Calendar Year 2025 Month March

Claim Type Original Claim Status Submitted

### Regular CACFP Meal Service Information

Average Daily Attendance	Number of Days Served	Number of Participants Approved for Free or A Meals	Number of Participants Approved for Reduced Price or B Meals	Number of Participants Approved for Paid or C Meals	For-Profit Center Only - Claiming Percentage for Eligibility*
0	0	0	0	0	0

### Total Reimbursable Meals Served

Breakfast	Lunch	Supper	Morning Snack	Afternoon Snack	Evening Snack
0	0	0	0	0	0

### At-Risk Afterschool Care Meal Service Information

Average Daily Attendance	Number of Days Served	At-Risk Afterschool Snack	At-Risk Breakfast	At-Risk Lunch	At-Risk Supper
31	13	383	0	0	0

**\*For-Profit Child Care Sponsors:** each for-profit center must demonstrate that during the claiming month no less than 25% of enrolled participants or licensed capacity, whichever is less, were Title XX beneficiaries; or were approved for free or reduced-price meals.

To determine eligibility for claiming:

1. Total the number of children in attendance this month receiving Title XX benefits or total the number of children in attendance this month approved as category A and B.
2. Divide the number from step 1 by either the total enrollment in attendance or the licensed capacity, whichever is less. Round down to the whole number.


**\*For-Profit Adult Day Care Sponsors:** each for-profit center must demonstrate that no less than 25% of enrolled participants were Title XIX or XX beneficiaries during month claimed.

To determine eligibility for claiming:

1. Total the number of participants in attendance receiving Title XIX/XX benefits during the month.
2. Divide the number from step 1 by the total enrollment in attendance. Round down.

### Sponsoring Authority Certification

I hereby take full responsibility for ensuring that this claim accurately represents the number of meals/milks served by reimbursement category, that records are available to support this claim, that



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Create New Claims

View or Modify Claims

Interface Claim File

Claim Summary

Claims > SNP Claim Maintenance

<b>Applications</b> <b>Claims</b> <b>User Information</b> <b>Payment</b> <b>Verification Reporting</b> <b>Direct Certification</b> <b>FDP</b> <b>Admin Review</b>	<p><b>Changes have been accepted</b></p> <p><b>SNP Claim Information</b></p> <p><b>Site</b> 1000005374 - Crosslake Community School</p> <p><b>Calendar Year</b> 2025      <b>Month</b> March</p> <p><b>Claim Type</b> Original      <b>Claim Status</b> Submitted</p> <p><b>Meal Count Information</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Reim-bursable Student Meals Served (F/R/FP)</th> <th>Ave Daily Attendance</th> <th>Number of Days Served</th> <th>Free Meals Served</th> <th>Reduced Price Meals Served</th> <th>Kinder-garten Paid Meals Served</th> <th>Total Adult / Guest / Student 2nd Meals</th> <th>Partici-pants Approved for Free Meals</th> <th>Partici-pants Approved for Reduced Price Meals</th> <th>Number of Paid Meals Participants</th> </tr> </thead> <tbody> <tr> <td colspan="10"><b>Breakfast Count Information</b></td> </tr> <tr> <td>976</td><td>147</td><td>14</td><td>278</td><td>51</td><td>113</td><td>2</td><td>45</td><td>12</td><td>104</td> </tr> <tr> <td colspan="10"><b>Lunch Count Information</b></td> </tr> <tr> <td>1838</td><td>147</td><td>14</td><td>540</td><td>149</td><td>NA</td><td>62</td><td>45</td><td>12</td><td>104</td> </tr> <tr> <td colspan="10"><b>Afterschool Snack Count Information</b></td> </tr> <tr> <td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>NA</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </tbody> </table> <p><b>Sponsoring Authority Certification</b></p> <p>I hereby take full responsibility for ensuring that this claim accurately represents the number of meals/milks served by reimbursement category, that records are available to support this claim, that this claim is in accordance with the Program Agreement, and that payment therefore has not been received. I understand that this information is being given in connection with the receipt of federal funds, that officials of the U.S. Department of Agriculture and the Minnesota Department of Education may verify this information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="background-color: #444; color: white; padding: 5px 10px; border-radius: 5px;">View Details</div> <div style="background-color: #444; color: white; padding: 5px 10px; border-radius: 5px;">Save</div> </div>	Total Reim-bursable Student Meals Served (F/R/FP)	Ave Daily Attendance	Number of Days Served	Free Meals Served	Reduced Price Meals Served	Kinder-garten Paid Meals Served	Total Adult / Guest / Student 2nd Meals	Partici-pants Approved for Free Meals	Partici-pants Approved for Reduced Price Meals	Number of Paid Meals Participants	<b>Breakfast Count Information</b>										976	147	14	278	51	113	2	45	12	104	<b>Lunch Count Information</b>										1838	147	14	540	149	NA	62	45	12	104	<b>Afterschool Snack Count Information</b>										0	0	0	0	0	NA	0	0	0	0
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