

- Create New Claims
- View or Modify Claims
- Interface Claim File
- Claim Summary

Claims > SNP Claim Maintenance

Applications	Changes have been accepted									
Claims	SNP Claim Information									
User Information	Site 1000005374 - Crosslake Community School									
Payment	Calendar Year 2026			Month January						
Verification Reporting	Claim Type Original			Claim Status Submitted						
Direct Certification										
FDP										
Admin Review										
	Meal Count Information									
	Total Reim- bursable Student Meals Served (F/R/FP)	Ave Daily Attend- ance	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 Partici- pants
	Breakfast Count Information									
	1268	134	18	446	79	70	2	40	12	91
	Lunch Count Information									
	2106	134	18	617	181	N/A	78	40	12	91
	Afterschool Snack Count Information									
	0	0	0	0	0	N/A	0	0	0	0
	Sponsoring Authority Certification									
	<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>									
	View Details					Save				

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Claims > CACFP Claim Maintenance

Applications	Changes have been accepted																																				
Claims	Child and Adult Care Food Program (CACFP) Claim Information																																				
User Information	Site: 100005374 - Crosslake Community School																																				
Payment	Calendar Year: 2026 Month: January																																				
Verification Reporting	Claim Type: Original Claim Status: Submitted																																				
Direct Certification																																					
FDP																																					
Admin Review																																					
	<p>Regular CACFP Meal Service Information</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Average Daily Attendance</th> <th>Number of Days Served</th> <th>Number of Participants Approved for Free or A Meals</th> <th>Number of Participants Approved for Reduced Price or B Meals</th> <th>Number of Participants Approved for Paid or C Meals</th> <th>For-Profit Center Only - Claiming Percentage for Eligibility*</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0</td> </tr> </tbody> </table> <p>Total Reimbursable Meals Served</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Breakfast</th> <th>Lunch</th> <th>Supper</th> <th>Morning Snack</th> <th>Afternoon Snack</th> <th>Evening Snack</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0</td> </tr> </tbody> </table> <p>At-Risk Afterschool Care Meal Service Information</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Average Daily Attendance</th> <th>Number of Days Served</th> <th>At-Risk Afterschool Snack</th> <th>At-Risk Breakfast</th> <th>At-Risk Lunch</th> <th>At-Risk Supper</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">25</td> <td style="text-align: center;">17</td> <td style="text-align: center;">396</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table> <p>*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.</p> <p>To determine eligibility for claiming:</p> <ol style="list-style-type: none"> 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. 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. <p>*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.</p> <p>To determine eligibility for claiming:</p> <ol style="list-style-type: none"> Total the number or participants in attendance receiving Title XIX/XX benefits during the month. Divide the number from step 1 by the total enrollment in attendance. Round down. <p>Sponsoring Authority Certification</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</p>	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	Breakfast	Lunch	Supper	Morning Snack	Afternoon Snack	Evening Snack	0	0	0	0	0	0	Average Daily Attendance	Number of Days Served	At-Risk Afterschool Snack	At-Risk Breakfast	At-Risk Lunch	At-Risk Supper	25	17	396	0	0	0
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*																																
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