



# CLiCS 2

[Logout](#)

Kathy Faust

Sponsor: 1000005098

Crosslake Community School

[Create New Claims](#)

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**Applications**

Changes have been accepted

**Claims**

**SNP Claim Information**

**User Information**

Site 1000005374 - Crosslake Community School

**Payment**

Calendar Year 2024 Month May

**Verification Reporting**

Claim Type Original Claim Status Submitted

**Direct Certification**

**FDP**

**Admin Review**

**Meal Count Information**

Total Reimbursable Student Meals Served (F/R/FP)	Ave Daily Attendance	Number of Days Served	Free Meals Served	Reduced Price Meals Served	Kindergarten Paid Meals Served	Total Adult / Guest / Student 2nd Meals	Participants Approved for Free Meals	Participants Approved for Reduced Price Meals	Number of Paid Meals Participants
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**Breakfast Count Information**

1150	154	18	350	142	138	16	58	17	93
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**Lunch Count Information**

2201	154	18	666	237	NA	89	58	17	93
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**Afterschool Snack Count Information**

0	0	0	0	0	NA	0	0	0	0
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**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 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.

[View Details](#)

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Changes have been accepted

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

Site: 100005374 - Crosslake Community School

Calendar Year: 2024      Month: May

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
22	17	363	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:

- 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.

**\*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:

- 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.

**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