



CLiCS 2

Logout

Kathy Faust
Sponsor: 1000005098
Crosslake Community School

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

Claims > CACFP Claim Maintenance

Applications	Changes have been accepted					
Claims	Child and Adult Care Food Program (CACFP) Claim Information					
User Information	Site 1000005374 - Crosslake Community School					
Payment	Calendar Year 2023		Month September			
Verification Reporting	Claim Type Original		Claim Status Submitted			
Direct Certification						
FDP						
Admin Review						
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
	19	20	362	0	0	0
<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>						