



CLiCS 2

Logout
Kathy Faust
 Sponsor: 1000005098
 Crosslake Community School

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 2024		Month February								
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										
	1228	151	20	310	125	170	1	55	15	96	
	Lunch Count Information										
	2386	151	20	760	229	NA	89	55	15	96	
	Afterschool Snack Count Information										
	0	0	0	0	0	NA	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					

Logout



CLICS 2

Kathy Faust

Sponsor: 100005098

Crosslake Community School

Create New Claims

View or Modify Claims

Interface Claim File

Claim Summary

Claims > 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 2024 Month February
 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
23	19	420	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 or 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