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Changes have been accepted

Child and Adult Care Food Program (CACFP) Claim Information

| | | | |
|----------------------|--|---------------------|-----------|
| Site | 100005374 - Crosslake Community School | | |
| Calendar Year | 2026 | 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 |
|--------------------------|-----------------------|---------------------------|-------------------|---------------|----------------|
| 20 | 18 | 323 | 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

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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 | February | | | | | | |
| 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 |
| Breakfast Count Information | | | | | | | | | | |
| | 1301 | 133 | 19 | 459 | 86 | 81 | 1 | 41 | 13 | 88 |
| Lunch Count Information | | | | | | | | | | |
| | 2176 | 133 | 19 | 641 | 176 | NA | 67 | 41 | 13 | 88 |
| Afterschool Snack Count Information | | | | | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | NA | 0 | 0 | 0 | 0 |
| 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 | | | | | | | Save | | | |