

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 ha	ave been	accepted							
Claims	SNP Claim Information									
User Information	Site 1000005374 - Crosslake Community School									
Payment	Calendar Year 20 Claim Type O		2023	2023 Month		December				
Verification Reporting			Origina	I	Claim Status		Submitted			
Direct Certification										
FDP	Meal Count Information									
Admin Review							Partici-			
	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	pants Approved for Reduced Price Meals	Number of Paid Meals Partici- pants
	Breakfast Count Informa		rmation	nation						
	850	153	14	220	81	145	0	53	16	99
	Lunch Cou	nt Inform	ation							
	1738	153	14	525	166	N⁄A	53	53	16	99
	Afterschoo	ol Snack C	ount Inform	nation						
	0	0	0	0	0	N⁄A	0	0	0	0
	Sponsoring Authority Certification									
	I hereby take full responsibility for ensuring that this claim accurately represents the number of									

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

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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
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 Year2023MonthDecemberClaim TypeOriginalClaim StatusSubmitted

Regular CACFP Meal Service Information

ı	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	Snack	Evening Snack
ı	0	0	0	0	0	0

At-Risk Afterschool Care Meal Service Information

- 1	Average Daily Attendance	Number of Days Served	At-Risk Afterschool Snack	At-Risk Breakfast	At-Risk Lunch	At-Risk Supper
	23	14	321	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