



# CLICS 2

Logout

Kathy Faust  
 Sponsor: 100005098  
 Crosslake Community School

- Create New Claims
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Claims > CACFP Claim Maintenance

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Changes have been accepted

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

Site: 100005374 - Crosslake Community School

Calendar Year: 2022      Month: September

Claim Type: Original      Claim Status: Submitted

**Regular CACFP Meal Service Information**

Average Daily Number of Attendance	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	20	392	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

