

# 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
Claims
User Information
Payment
Verification Reporting
<b>Direct Certification</b>
FOP
Admin Review

Changes have been accepted

**SNP Claim Information** 

Site 1000005374 - Crosslake Community School

Calendar Year2025MonthOctoberClaim TypeOriginalClaim StatusSubmitted

#### 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	Participants Approved for Reduced Price Meals	Number of Paid Meals Partici- pants		
١	Breakfast Count Information											
١	1618	127	21	491	126	97	0	37	13	86		
١	Lunch Count Information											
١	2423	127	21	661	214	N⁄A	83	37	13	86		
١	Afterschool Snack Count Information											
١	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 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



## CLiCS 2

Logout

Kathy Faust
Sponsor: 1000005098
Crosslake Community School

Create New Claims View or Modify Claims

Interface Claim File Claim Summary

Applications	Changes have been accepted									
Claims	Child and Adult Care Food Program (CACFP) Claim Information									
User Information	Site	1000	1000005374 - Crosslake Community School							
Payment	Calendar Year	2025	N	<b>Month</b>	Octob	er				
Verification Reporting Direct Certification	Claim Type	Origir	nal (	Claim Status	Submitted					
FDP	Regular CACF	P Meal Service	Information							
Admin Review	Average Daily Attendance	Number of Days Served	Number of Participants Approved fo Free or A Meals	Participants	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		At-Risk Afterscho	At-Risk	At-Risk Lunch	At-Risk Supper				
	25	21	409	0	0	0				
	*For-Profit Chi	ld Care Spons	ors: each for-p	orofit center must der	monstrate that d	uring the claiming				

\*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