



CLICS 2

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Kathy Faust

Sponsor: 100005098

Crosslake Community School

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Interface Claim File

Claim Summary

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Applications

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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** November
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
27	17	456	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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Claims > SNP Claim Maintenance

Applications	Changes have been accepted									
Claims	SNP Claim Information									
User Information	Site 100005374 - Crosslake Community School									
Payment	Calendar Year 2024			Month November						
Verification Reporting	Claim Type Original			Claim Status Submitted						
Direct Certification										
FDP										
Admin Review										
	Meal Count Information									
	Total Reim-	Ave	Number	Free	Reduced	Kinder-	Total Adult	Partici-	Partici-	Number
	bursable	Daily	of Days	Meals	Price	garten	/ Guest /	pants	pants	of Paid
	Student	Attend-	Served	Served	Meals	Paid Meals	Student	Approved	for	Meals
	Meals	ance			Served	Served	2nd Meals	for Free	Reduced	Partici-
	Served							Meals	Price	pants
	(F/R/FP)								Meals	Participants
	Breakfast Count Information									
	1260	148	18	347	71	140	0	44	12	106
	Lunch Count Information									
	2319	148	18	646	187	NA	85	44	12	106
	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		