



# CLiCS 2

[Logout](#)

Kathy Faust

Sponsor: 100005098

Crosslake Community School

- [Create New Claims](#)
- [View or Modify Claims](#)
- [Interface Claim File](#)
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Claims > SNP Claim Maintenance

<b>Applications</b>	<b>Changes have been accepted</b>									
<b>Claims</b>	<b>SNP Claim Information</b>									
<b>User Information</b>	<b>Site</b>	100005374 - Crosslake Community School								
<b>Payment</b>	<b>Calendar Year</b>	2025	<b>Month</b>	January						
<b>Verification Reporting</b>	<b>Claim Type</b>	Original	<b>Claim Status</b>	Submitted						
<b>Direct Certification</b>	<b>Meal Count Information</b>									
<b>FDP</b>	<b>Total Reim-</b>	<b>Ave</b>	<b>Number</b>	<b>Free</b>	<b>Reduced</b>	<b>Kinder-</b>	<b>Total Adult</b>	<b>Partici-</b>	<b>Partici-</b>	<b>Number</b>
<b>Admin Review</b>	<b>bursable</b>	<b>Daily</b>	<b>of Days</b>	<b>Meals</b>	<b>Price</b>	<b>garten</b>	<b>/ Guest /</b>	<b>pants</b>	<b>pants</b>	<b>of Paid</b>
	<b>Student</b>	<b>Attend-</b>	<b>Served</b>	<b>Served</b>	<b>Meals</b>	<b>Paid Meals</b>	<b>Student</b>	<b>Approved</b>	<b>Approved</b>	<b>Meals</b>
	<b>Meals</b>	<b>ance</b>			<b>Served</b>	<b>Served</b>	<b>2nd Meals</b>	<b>for Free</b>	<b>for</b>	<b>Partici-</b>
	<b>Served</b>							<b>Meals</b>	<b>Reduced</b>	<b>pants</b>
	<b>(F/R/FP)</b>								<b>Price</b>	<b>Number</b>
									<b>Meals</b>	<b>of Paid</b>
										<b>Meals</b>
										<b>Partici-</b>
										<b>pants</b>
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# CLICS 2

Kathy Faust

Sponsor: 100005098

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 100005374 - Crosslake Community School  
 Calendar Year 2025 Month January  
 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
34	18	612	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