

CLiCS 2

Logout Kathy Faust

Kathy Faust Sponsor: 1000005098 Crosslake Community School

Create New Claims View or Modify Claims

Interface Claim File Claim Summary

Claims > CACFP Claim Maintenance

App	ıcatı	ons
	New York	MANAGEMENT

Changes have been accepted

Claims

Child and Adult Care Food Program (CACFP) Claim Information

User Information

1000005374 - Crosslake Community School

Payment

Calendar Year

Month

October

Verification Reporting | Claim Type

2024 Original

Claim Status

Submitted

FDP

Admin Review

Direct Certification

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	
23	20	447	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
 - 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	
Claims	
User Information	on
Payment	
Vertification Rep	orting
Direct Certifica	ation
FDP	
Admin Review	

Changes have been accepted

SNP Claim Information

Site

1000005374 - Crosslake Community School

Calendar Year

2024 Month

October

Claim Type

Original Claim Status

Submitted

Partici-

Meal Count Information

	Total Reimbursable 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 Information										
	1402	147	20	402	106	147	1	49	17	108
	Lunch Count Information									
	2584	147	20	730	232	N⁄A	112	49	17	108
	Afterschool Snack Count Information									
	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

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