

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 Mair	ntenance									
Applications	Changes have been accepted									
Claims	SNP Claim Information									
User Information	Site 1000005374 - Crosslake Community School									
Payment	Calendar Y	Calendar Year		2024		Month		April		
Verification Reporting	Claim Type		Original	I	Claim Status		Submitted			
Direct Certification										
FDP Admin Review	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	Participants Approved for Free Meals	Partici- pants Approved for Reduced Price Meals	Number of Paid Meals Partici- pants
	Breakfast (rmation	nation							
	1338	154	21	387	164	140	0	58	17	94
	Lunch Count Informa			ion						
	2650	154	21	834	253	N⁄A	116	58	17	94
	Afterschoo	l Snack C	ount Inforr	nation						×
	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. Save						en			

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Logout
Kathy Faust
Sponsor: 1000005098
Crosslake Community School

Create New Claims View or Modify Claims

Interface Claim File Claim Summary

Claims > CACEP Claim Maintenance

App	lications
Clai	ms
Use	r Information
Pay	ment
Verif	fication Reporting
Dire	ct Certification
FDP	
Adn	nin Review

Changes have been accepted

Child and Adult Care Food Program (CACFP) Claim Information

Site 1000005374 - Crosslake Community School

Oile 1000000011 Orosaidio Community Comm

Calendar Year 2024 Month April

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

ı	Breakfast	Lunch	Supper	Morning Snack	Afternoon Snack	Evening Snack
ı	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
21	21	423	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