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Applications		Changes have been accepted					
Claims		Child and Adult Care Food Program (CACFP) Claim Information					
User Information		Site	1000005374 - Crosslake Community School				
Payment		Calendar Year	2025	Month	August		
Verification Reporting		Claim Type	Original	Claim Status	Submitted		
Direct Certification		Regular CACFP Meal Service Information					
FDP		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*
Admin Review		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
		18	2	36	0	0	0
<p><b>*For-Profit Child Care Sponsors:</b> 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.</p>							
<p>To determine eligibility for claiming:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol>							
<p><b>*For-Profit Adult Day Care Sponsors:</b> each for-profit center must demonstrate that no less than 25% of enrolled participants were Title XIX or XX beneficiaries during month claimed.</p>							
<p>To determine eligibility for claiming:</p> <ol style="list-style-type: none"> <li>1. Total the number of participants in attendance receiving Title XIX/XX benefits during the month.</li> <li>2. Divide the number from step 1 by the total enrollment in attendance. Round down.</li> </ol>							
<p><b>Sponsoring Authority Certification</b></p> <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</p>							



## CLiCS 2

[Logout](#)

Kathy Faust  
Sponsor: 1000005098  
Crosslake Community School

## Create New Claims

**View or  
Modify Claims**

## Interface Claim File

## Claim Summary

## Claims > CACFP Claim Maintenance

Applications	Changes have been accepted					
Claims	Child and Adult Care Food Program (CACFP) Claim Information					
User Information	Site 1000005374 - Crosslake Community School					
Payment	Calendar Year 2025 Month September					
Verification Reporting	Claim Type Original Claim Status Submitted					
Direct Certification	FDP					
FDP	Admin Review					
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	425	0	0	0
<p><b>*For-Profit Child Care Sponsors:</b> 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.</p> <p>To determine eligibility for claiming:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol> <p><b>*For-Profit Adult Day Care Sponsors:</b> each for-profit center must demonstrate that no less than 25% of enrolled participants were Title XIX or XX beneficiaries during month claimed.</p> <p>To determine eligibility for claiming:</p> <ol style="list-style-type: none"> <li>1. Total the number of participants in attendance receiving Title XIX/XX benefits during the month.</li> <li>2. Divide the number from step 1 by the total enrollment in attendance. Round down.</li> </ol> <p><b>Sponsoring Authority Certification</b></p> <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</p>						

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Claims > SNP Claim Maintenance

<b>Applications</b> <b>Claims</b> <b>User Information</b> <b>Payment</b> <b>Verification Reporting</b> <b>Direct Certification</b> <b>FDP</b> <b>Admin Review</b>	Changes have been accepted																																																	
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	Total Reimbursable Meals Served (F/R/FP)	Ave Daily Attendance	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	Participants Approved for Reduced Price Meals	Number of Paid Meals Participants																																								
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Claims > SNP Claim Maintenance

**Applications**

Changes have been accepted

**Claims**
**SNP Claim Information**
**User Information**

Site 1000005374 - Crosslake Community School

**Payment**

Calendar Year 2025 Month September

**Verification Reporting**

Claim Type Original Claim Status Submitted

**Direct Certification**
**FDP**
**Admin Review**
**Meal Count Information**

Total Reimbursable Student Meals Served (F/R/FP)	Ave Daily Attendance	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	Participants Approved for Reduced Price Meals	Number of Paid Meals Participants
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**Breakfast Count Information**

1538	127	20	463	124	136	0	36	11	89
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**Lunch Count Information**

2209	127	20	579	192	N/A	79	36	11	89
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**Afterschool Snack Count Information**

0	0	0	0	0	N/A	0	0	0	0
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**Sponsoring Authority Certification**

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