

CLiCS 2

Logout

Kathy Faust

Sponsor: 1000005098 Crosslake Community School

Create New Claims View or Modify Claims

Interface Claim File Claim Summary

Claims > SFSP Non-Camp Claim Maintenance

| Applicatio | ns |
|------------|----|
|------------|----|

Claims

User Information

Payment

FDP

Verification Reporting Direct Certification Changes have been accepted

Summer Food Service Program - Non-Camps Claim Information

odinine i dod dervice i rogiani - Non-Camps Ciann information

Site 1000005374 - Crosslake Community School

Calendar Year2021MonthFebruaryClaim TypeOriginalClaim StatusSubmitted

um Type Ongman

Meals Information

Morning Snack

Number of Days Served * Total Reimbursable Meals Served

Breakfast 19 994

Lunch 19 1850

 Lunch
 19
 1850

 Supper
 0
 0

Afternoon Snack 0 0

*For sites located in a non-eligible area, sponsors must demonstrate that for each day claimed 50% or more of the participants are from households that meet the income eligibility guidelines for free and/or reduced meals.

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

Copyright Minnesota Department of Education

Privacy Policy, Terms and Conditions

** Reminder we do lose funding when we have 2 hour late start as we do not serve breakfast

Thanks



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

| Applicat | ions |
|----------|------|
|----------|------|

Claims

User Information

Payment

Verification Reporting
Direct Certification
FDP

Changes have been accepted

Child and Adult Care Food Program (CACFP) Claim Information

Site

1000005374 - Crosslake Community School

Calendar Year

2021

Month

February

Claim Type

Original

Claim Status

Submitted

Regular CACFP Meal Service Information

| П | 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* |
|---|-----------------------------|--------------------------|---|--|---|---|
| ١ | 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 |
|-----------------------------|--------------------------|---------------------------------|----------------------|------------------|-------------------|
| 12 | 19 | 216 | 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