

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

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Changes have been accepted

Child and Adult Care Food Program (CACFP) Claim Information

Site 1000005374 - Crosslake Community School

Calendar Year2024MonthDecemberClaim TypeOriginalClaim StatusSubmitted

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

١	Breakfast	Lunch	Supper	Morning Snack	Afternoon Snack	Evening Snack
١	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
37	12	438	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



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Warnings:

 The total number of reduced lunch meals served is close to the total of all eligible participants having been served a meal for every day of the month served. Re-check your numbers to ensure they are accurate.

SNP Claim Information

Site

1000005374 - Crosslake Community School

Calendar Year Claim Type 2024 Original Month

December

Claim Status

Submitted

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	Partici- pants Approved for Free Meals	Participants Approved for Reduced Price Meals	Number of Paid Meals Partici- pants	
Breakfast Count Information										
868	148	13	249	43	100	0	45	11	106	
Lunch Count Information										
1686	148	13	469	135	N⁄A	68	45	11	106	
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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