

- Create New Claims
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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	2026	Month	May						
Verification Reporting	Claim Type	Original	Claim Status	Submitted						
Direct Certification	Meal Count Information									
FDP	Total Reimbursable Student Meals Served (F/R/FP)	Ave Daily Attendance	Number of Days Served	Free Meals Served	Reduced Price Meals Served	Kindergarten 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
Admin Review	Breakfast Count Information									
	1016	137	15	383	40	60	12	46	11	89
	Lunch Count Information									
	1728	137	15	550	99	NA	65	46	11	89
	Afterschool Snack Count Information									
	0	0	0	0	0	NA	0	0	0	0
	Sponsoring Authority Certification									
	<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 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.</p>									
	View Details					Save				

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- Applications**
- Claims**
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- Direct Certification**
- FDP**
- Admin Review**

Changes have been accepted

Child and Adult Care Food Program (CACFP) Claim Information

Site	100005374 - Crosslake Community School		
Calendar Year	2026	Month	May
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

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
17	14	232	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 of 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