

CHILD AND ADULT CARE FOOD PROGRAM ELIGIBILITY RECORD

SPONSOR NAME: _____

AGREEMENT # _____ - _____

***Annual Enrollment Date For Participation In Food Program**

Name of Enrolled Participant <i>(Last Name, First Name)</i>	Date of Eligibility Application <i>(Mo/Date/Yr)</i>	Date of * CACFP Enrollment <i>(Month/Yr)</i>	Date of CACFP Withdrawal <i>(Month/Yr)</i>	ELIGIBILITY DETERMINATION			HOURS OF CARE <i>Time: (From - To)</i>	DAYS OF CARE <i>(Check (✓) All That Apply)</i>												
				F	R	P		M	T	W	TR	F	S	SU						
				<i>F=Free</i>	<i>R=Reduced</i>	<i>P=Paid</i>		<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>						
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Effective Date: _____ Total Enrollment = _____ Free _____ + Reduced _____ + Paid _____

(USE PENCIL: REVISE TOTALS MONTHLY)