

CHILD AND ADULT CARE FOOD PROGRAM ELIGIBILITY RECORD

SPONSOR NAME: _____ AGREEMENT # _____ - _____ - _____

**Annual Enrollment Date For Participation In Food Program \ **Age of Child at Date of Enrollment (Child Care Sponsors only)*

Name of Enrolled Participant Date of Eligibility Application Date of * CACFP Enrollment Date of CACFP Withdrawal ELIGIBILITY DETERMINATION HOURS OF CARE DAYS OF CARE *(Check (✓) All That Apply)*

1	(Last Name, First Name)-AGE**	(Mo/Date/Yr)	(Month/Yr)	(Month/Yr)	ELIGIBILITY DETERMINATION			Time: (From - To)	DAYS OF CARE						
					F	R	P		M	T	W	TR	F	S	SU
					F=Free	R=Reduced	P=Paid		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Effective Date: _____ Total Enrollment = _____ Free _____ + Reduced _____ + Paid _____

(USE PENCIL; REVISE TOTALS MONTHLY)

