

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 <i>(Check (✓) All That Apply)</i>						
(Last Name, First Name)-AGE**		(Mo/Date/Yr)	(Month/Yr)	(Month/Yr)	F	R	P	Time: (From - To)	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)

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(Last Name, First Name)-AGE**		(Mo/Date/Yr)	(Month/Yr)	(Month/Yr)	F	R	P	Time: (From - To)	M	T	W	TR	F	S	SU
					F=Free	R=Reduced	P=Paid		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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