**Child and Adult Care Food Program**

**ADULT CARE CENTER**

**STUDY MONTH SUMMARY**

Name of Institution

Transfer the following information from each site’s Attendance Roster: site number, name of site, the number of adults in each claiming category, and the total. Enter the dates of the Study Month in the space provided at the bottom of the form.

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| Site No. | Name of Site | CLAIMING CATEGORIES | | | |
| Free | Reduced-Price | Above-Scale | Total |
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One calendar month or “30-day study” covered the period 20 through 20 .

**Renewing Institutions: For internal use only―Do not return to OSPI.**

**New Institutions: Send to OSPI with your application packet.**

**All Institutions: Maintain a copy for review and audit purposes.**

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| Site No. | Name of Site | CLAIMING CATEGORIES | | | |
| Free | Reduced-Price | Above-Scale | Total |
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