

Child and Adult Care Food Program

ADULT DAY CARE CENTER—ENROLLMENT ROSTER

Study Month _____

Use this form to prepare an enrollment roster. Alphabetize by last name. Use one roster per site. Summarize on the Enrollment Data Summary form. Retain a copy in your files for audit and administrative reviews. Each proprietary site must meet Title XIX eligibility in order to be claimed.

Name of Site:						
Name of Institution:						
NO.	Name of Adult Enrolled	Age of Person Enrolled	Claiming Categories			OSPI Use Only
			Free	Reduced-Price	Above-Scale	
1						
2						
3						
4						
5						
6						
7						
8						
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11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Total enrollment (this page) _____ = _____

New Institutions: Send to OSPI with your agreement.
Renewing Institutions: For Internal Use Only—Do not return to OSPI.
All Institutions: Maintain a copy for audit purposes.

NO.	Name of Adult Enrolled	Age of Person Enrolled	Claiming Categories			OSPI Use Only
			Free	Reduced-Price	Above-Scale	
26						
27						
28						
29						
30						
31						
32						
33						
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57						
58						

Subtotal enrollment (this page) _____ = _____

Grand total _____ = _____