# Child and Adult Care Food Program
## ADULT CARE CENTER
## STUDY MONTH SUMMARY
## Fiscal Year 2011–12

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. Add the numbers in each claiming category from each site and enter in the Grand Total below. Enter the dates of the Study Month in the space provided at the bottom of the form.

| Site No. | Name of Site | CLAIMING CATEGORIES | | | |
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| | | Free | Reduced-Price | Above-Scale | Total |
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| (additional space on reverse side of form) | **Total Page 1** | | | | |
| | **Total Page 2** | | | | |
| | **GRAND TOTAL** | | | | |

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 agreement.**
**<u>All</u> Institutions: Maintain a copy for review and audit purposes.**

| Site No. | Name of Site | CLAIMING CATEGORIES | | | |
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| | | Free | Reduced-Price | Above-Scale | Total |
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| | **Total Page 2** | | | | |