

# Child and Adult Care Food Program

## ADULT CARE CENTER—ENROLLMENT ROSTER

Study Month \_\_\_\_\_

Use this form to prepare an enrollment roster. Use one roster per site. Summarize on the Enrollment-Data Summary form. Retain a copy in your files for audit and administrative reviews. Do not send to OSPI. 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						
9						
10						
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						
34						
35						
36						
37						
38						
39						
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47						
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51						
52						
53						
54						
55						
56						
57						
58						

Subtotal enrollment (this page) \_\_\_\_\_ = \_\_\_\_\_

Grand total \_\_\_\_\_ = \_\_\_\_\_