Child and Adult Care Food Program
ADULT CARE CENTER
ENROLLMENT DATA SUMMARY

Name of Institution _____

The enrollment in our Child and Adult Care Food Program for each site based on the family size and income guidelines effective July 1, 20___, through June 30, 20___, is as follows:

Site No.	Name of Site	Enrollment			
		Free	Reduced-Price	Above-Scale	Total
(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 audit purposes.

Site No.	Name of Site	Enrollment			
		Free	Reduced-Price	Above-Scale	Total
	Total Page 2				