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. Each proprietary site must meet Title XIX eligibility in order to be claimed.

Name of Institution:

Name of Site:

NO.	Name of Adult Enrolled (First and Last Name—Alphabetize by Last Name)	Age of Person Enrolled	Type of Assistance	Case Number/ Identification Number	Eligibility Date of Assistance	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									

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.

Type of Assistance: Medicaid, SSI = Supplemental Security Income, WBF = Washington Basic Food, FDPIR = Food Distribution Program on Indian Reservations

NO.	Name of Adult Enrolled (First and Last Name—Alphabetize by Last Name)	Age of Person Enrolled	Type of Assistance	Case Number/ Identification Number	Eligibility Date of Assistance	Claiming Categories			OSPI Use Only
						Free	Reduced-Price	Above-Scale	
20									
21									
22									
23									
24									
25									
26									
27									
28									
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42									
43									
44									

Subtotal enrollment (this page) _____ = _____ _____ _____

Grand total _____ = _____ _____ _____