**Child and Adult Care Food Program**

 **ADULT CARE CENTER—ATTENDANCE ROSTER** Study Month       \_\_\_\_\_\_\_\_\_

Use this form to prepare an attendance roster. Use one roster per site. Summarize on the Study Month Summary form. Each proprietary site must meet Title XIX eligibility in order to be claimed.

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| Name of Institution:       |
| Name of Site:       |
| NO. | Name of Eligible Adult in Attendance(First and Last Name—Alphabetize by Last Name) | Age ofPerson | Type ofAssistance | Case Number/ Verification Source | Eligibility Begin Date/ End Date | Claiming Categories | OSPI Use Only |
| Free | Reduced-Price | Above-Scale |
| 1 |        |        |        |        |        |        |        |        |  |
| 2 |        |        |        |        |        |        |        |        |  |
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Type of Assistance:

***New Institutions:* Send to OSPI with your application packet.**

***Renewing Institutions:* For Internal Use Only — Do not return to OSPI.**

***All Institutions:* Maintain a copy for review and audit purposes.**

Medicaid, SSI = Supplemental Security Income, Basic Food, FDPIR = Food Distribution Program on Indian Reservations

Reduced- Free Price

Above- Scale

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| --- | --- | --- | --- | --- | --- | --- | --- |
| NO. | Name of Eligible Adult in Attendance(First and Last Name—Alphabetize by Last Name) | Age ofPerson | Type ofAssistance | Case Number/ Verification Source | Eligibility Begin Date/ End Date | Claiming Categories | OSPI Use Only |
| Free | Reduced-Price | Above-Scale |
| 20 |        |        |        |        |        |        |        |        |  |
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Free

Reduced- Price

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**Grand Total**

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