CHILD AND ADULT CARE FOOD PROGRAM ELIGIBILITY RECORD

SPONSOR NAME: _____ AGREEMENT # ____ - ____ - ____

Annual Enrollment Date For Participation In Food Program

#	Name of Enrolled Participant (Last Name, First Name)	Date of Eligibility Application (Mo/Date/Yr)	Date of * CACFP Enrollment (Month/Yr)	Date of CACFP Withdrawal (Month/Yr)	ELIGIBILITY DETERMINATION F (F=Free)	ELIGIBILITY DETERMINATION R (R=Reduced)	ELIGIBILITY DETERMINATION P (P=Paid)	HOURS OF CARE Time: (From - To)	M Monday	T Tuesday	W Wednesday	TR Thursday	F Friday	S Saturday	SU Sunday
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Effective Date: _____ Total Enrollment = _____ Free _____ + Reduced _____ + Paid _____

(USE PENCIL: REVISE TOTALS MONTHLY)

STATE OF NEW JERSEY DEPARTMENT OF AGRICULTURE / Bureau of Child Nutrition Programs / **Child and Adult Care Food Program**

CHILD AND ADULT CARE FOOD PROGRAM ELIGIBILITY RECORD

SPONSOR NAME: _____   AGREEMENT # ____ - ____ - ____

***Annual* Enrollment Date For Participation In Food Program**

	Name of Enrolled Participant	Date of Eligibility Application	Date of * CACFP Enrollment	Date of CACFP Withdrawal	ELIGIBILITY DETERMINATION			HOURS OF CARE	DAYS OF CARE (Check (✓) All That Apply)						
	(Last Name, First Name)	*(Mo/Date/Yr)*	*(Month/Yr)*	*(Month/Yr)*	**F**	**R**	**P**	*Time: (From - To)*	M Monday	T Tuesday	W Wednesday	TR Thursday	F Friday	S Saturday	SU Sunday
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Effective Date: _____   Total Enrollment = _____   Free _____ + Reduced _____ + Paid _____

(USE PENCIL: REVISE TOTALS MONTHLY)

STATE OF NEW JERSEY DEPARTMENT OF AGRICULTURE / Bureau of Child Nutrition Programs / **Child and Adult Care Food Program**