Ohio Child and Adult Care Food Program Adult MASTER LIST

Directions: All sponsors are to maintain a computerized or written Master List to document how each participant is claimed monthly. Keep separate Master Lists per program type (i.e. child care center, Adult Day Care etc.). We recommend listing the participants in the same order as your classroom or facility attendance list. Complete the columns of racial/ethnic data (a visual identification can be made if the participant or parent/guardian has not checked the racial/ethnic category), date enrollment form signed, date income form signed (date participant/guardian signed the income form) and income category. If the participant is in attendance at least once per month, include them on the Master List and insert the correct income category code (F, R, P) in the monthly column. If participant was not in attendance during the month, insert and "X" in the monthly column. Enter an "E" along with the income code in the column for the month when participant first attends. Enter a "W" along with the income code in the column for the month when the participant withdraws and stops attending at your center. Fach month add all income categories (F's R's P's) at bottom of page(s) and submit on CRRS claim.

PARTICIPANT NAMES	*Racial Ethnic Data	Date Enrollment Form Signed	Date Income Form Signed	Income Category			0	z		ي	П	<	⊳	2	ر	ے	>	S
				FR	RD	PD	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
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Rev. 6/05				Total I	Free [F]													
*RACIAL ETHNIC IDENTITY CODE: Al/AN= American Indian or Alaska Native; A=Asian; B/AA=Black or African American; HL=Hispanic or Latino; W=White; NH/Pl=Native Hawaiian or Other Pacific Islander					Total Reduced [R]													
					Paid [P]													