

# Income Eligibility Applications



Mark Haynes and Alex Dawson



# Determining Meal Reimbursement



# Reimbursement

The rate paid for meals served is based on

Percentage of enrollment in the free, reduced and paid categories	Type of meals served	Number of meals served
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**Reimbursement is *not*  
based on food costs.**



# Meal Reimbursement Rates



## Rates

- Effective July 1 - June 30



## Rates

- Lunch/Supper meals also receive “Cash in Lieu” of commodities

# Reimbursement Rates

Effective July 1, 2019 through June 30, 2020

Meal Type	Free	Reduced	Paid
Breakfast	\$1.84	\$1.54	\$0.31
Lunch/Supper PLUS Cash-in-Lieu Total	\$3.41 <u>\$0.24</u> \$3.65	\$3.01 <u>\$0.24</u> \$3.25	\$0.32 <u>\$0.24</u> \$0.56
Snacks	\$0.94	\$0.47	\$0.08

# Income Eligibility Forms

Income Eligibility Applications are not required for the following programs; all are automatically free:

Homeless, or  
Emergency  
Shelters

After School  
At Risk  
Programs

Federally  
Funded Head  
Start

Certified Head  
Start Children  
and Early Head  
Start

Foster Children  
with State or Local  
Agency  
Documentation

# To Complete or Not Complete?

Request that families complete income applications if

- Sponsor intends to claim free and reduced participants

Families may not complete income applications if

- Sponsor intends to categorize and claim all participants paid



# Distribution of Income Application for Free and Reduced-Price Meals

All enrolled children/participants.



# How do families qualify?

Ohio Works First

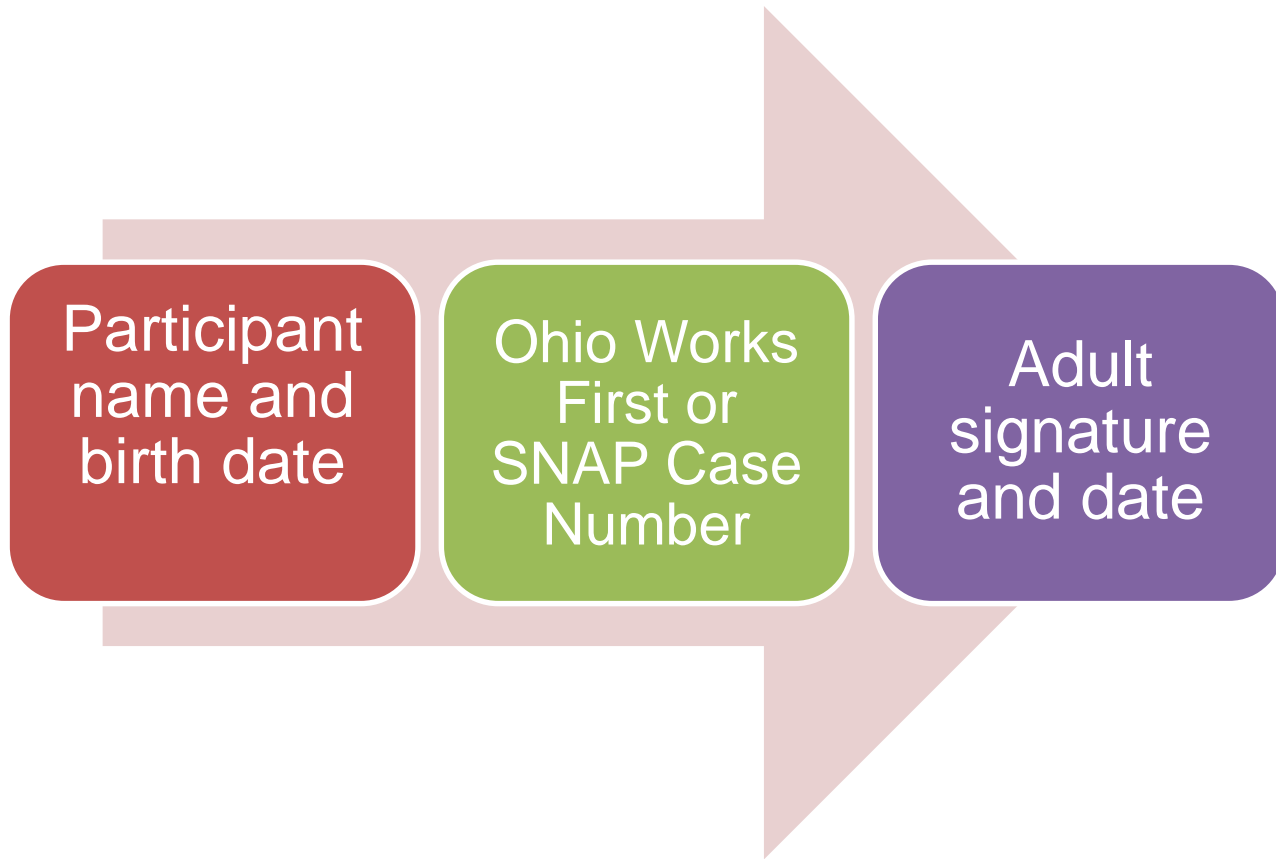
SNAP

Income

Foster Children

# Categorize Using Case Numbers

Collect the following to categorize as free:



# Income Form Completion: Part 1

CENTER NAME			CHECK IF A FOSTER CHILD (the legal responsibility of a welfare agency or court).
PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER			
* NAME OF ENROLLED CHILD(REN)	AGE	BIRTH DATE	
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>

- Parent/Guardian completes this section.
- All participants (children) enrolled are listed in this section including foster child(ren).



# Income Form Completion: Part 2

**PART 2 – LIST EACH CHILD’S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 digits.**

Check type of benefit: ☐ FOOD ASSISTANCE (SNAP) or ☐ OHIO WORKS FIRST (OWF)

CASE NO.      \_ \_ \_ \_ \_

CASE NO.      \_ \_ \_ \_ \_

CASE NO.      \_ \_ \_ \_ \_

CASE NO.      \_ \_ \_ \_ \_

# Income Form Completion: Part 2

Never use the following to  
categorize:

Ohio  
Direction  
Card  
Numbers

Supplemental  
Security  
Income (SSI)  
case numbers

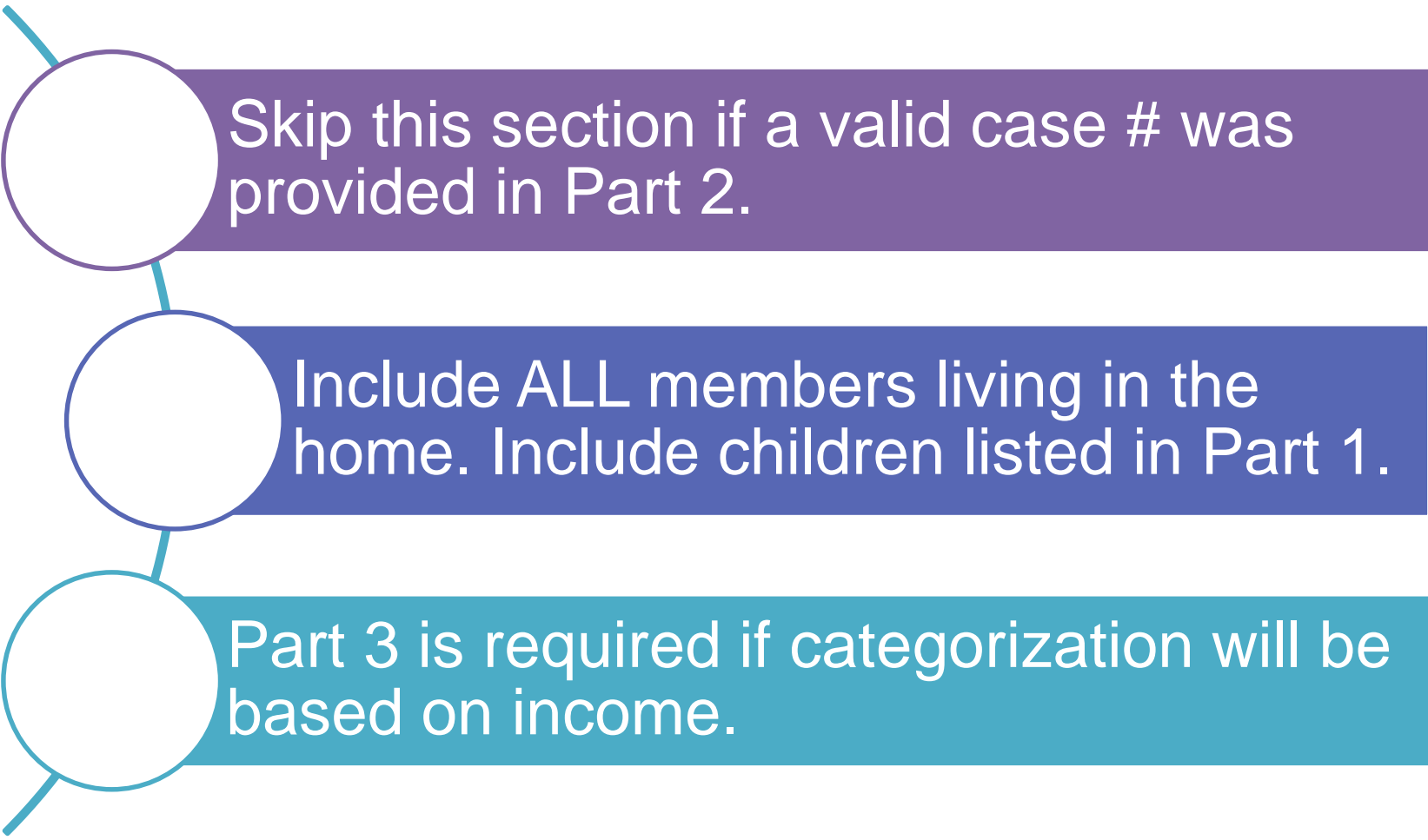
Child Care  
Assistance  
Voucher  
Numbers  
(600)

# Income Form Completion: Part 3

**PART 3 – TOTAL HOUSEHOLD SIZE, TOTAL HOUSEHOLD GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: List names of all household members. List all gross income: list how much and how often. If Part 2 is completed, skip to Part 4.**

a. LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	b. CHECK IF NO/ZERO INCOME <input type="checkbox"/>	c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice Per Month, Monthly, Annually			
		1. Earnings from work before deductions	2. Welfare payments, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA	4. All Other Income
EXAMPLE: JANE SMITH	<input type="checkbox"/>	\$ 200 / weekly	\$ 150 / twice month	\$ 100 / monthly	\$ ____ / ____
1.	<input type="checkbox"/>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
2.	<input type="checkbox"/>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
3.	<input type="checkbox"/>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
4.	<input type="checkbox"/>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
5.	<input type="checkbox"/>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
6.	<input type="checkbox"/>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____

# Income Form Completion: Part 3



A vertical sequence of three colored rectangular boxes (purple, blue, and teal) connected by a light blue line. Each box is preceded by a white circle with a blue outline. The circles are connected to the boxes by short diagonal lines. The first circle has a line extending from the top-left, the second from the top-right, and the third from the bottom-left.

Skip this section if a valid case # was provided in Part 2.

Include ALL members living in the home. Include children listed in Part 1.

Part 3 is required if categorization will be based on income.



# Income Form Completion: Part 3

Foster child is no longer considered a family of one.

The box in Part 1 is checked indicating participant is a foster child and any income is listed in Part 3

# Income Form Completion: Part 3

## Income is

- Funds provided by the agency for personal use by the child.
- Funds received by the child, trust funds, monies from family of child, job earnings.

## Income isn't

- Funds provided by an agency for shelter, care, medical and therapeutic needs
- Occasional earnings (gifts, tax returns, etc.)

# Categorizing Forms Based On Income



# Categorize Participant(s) as Free or Reduced

Household  
income and  
household  
family size

Adult  
signature and  
date

Social  
Security  
Number (last  
four digits)

Sponsor  
representative  
signature and  
date

Current  
income  
eligibility  
guidelines




# Income Form Completion: Part 4

<b>PART 4 – SIGNATURE &amp; LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:</b> Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her Social Security Number or check the “I do not have a Social Security Number” box. I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.		
* _____ <b>SIGNATURE OF ADULT HOUSEHOLD MEMBER</b>	* _____ <b>DATE</b>	* If Part 3 is completed, insert last 4 digits of Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> (check if applicable) I do not have a Social Security Number
Print Name:	Daytime Phone Number:	Work Phone Number:
Street / Apt:	City / State / Zip:	County:

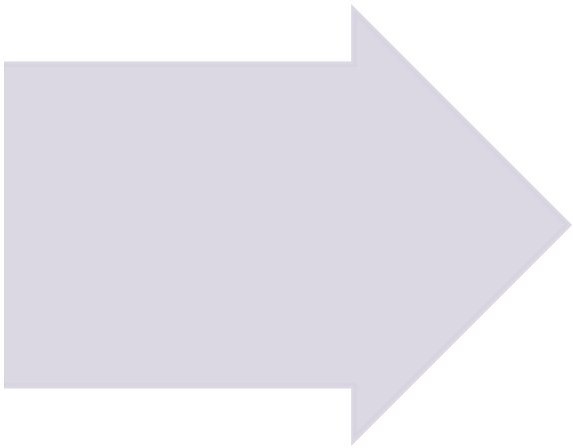
- In all cases be sure adult signs form to be considered valid. Date should include month, day and year.
- The last four digits of the Social Security Number is required if Part 3 is completed

# Income Form Completion: Part 4

Check NONE if adult signer  
does NOT have a Social  
Security Number



Social Security Number is not  
required if a person under 21  
years old signs as an  
emancipated student, parent,  
guardian or oldest member of  
the child's household



# Income Form Completion: Part 5

PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race and ethnicity of enrolled child(ren).					
American Indian or Alaska Native		Asian		Black or African American	
Native Hawaiian or Other Pacific Islander		White		Other	
Please mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					

- Part 5 is optional for *families*.
- Parent/Guardian places a check next to the option that best describes:
  - Race of the enrolled child
  - Ethnicity of the enrolled child
- Sponsor must annually report racial/ethnic percentages to the State agency

# Income Form Completion: Sponsor Section

**THIS SECTION TO BE COMPLETED BY CENTER.** Note: All information above this section is to be filled in by the parent or guardian.

Complete information below only if qualifying child(ren) by household income from Part 3.  
Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion :  
Weekly x 52, Every 2 Weeks (bi-weekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12

Application Certified/Categorized as:

☐ FREE, based on ☐ Food Assistance/OWF Case No.  
☐ Household Size & Income  
☐ Foster Child

☐ REDUCED, based on Household Size & Income

Total Household Size: \_\_\_\_\_

Total Household Income: \$ \_\_\_\_\_

Per: ☐ Week ☐ Every 2 Weeks ☐ Twice Per Month ☐ Month ☐ Year

☐ PAID, based on ☐ Income Too High  
☐ Incomplete  
☐ Invalid case number or information

Signature of Sponsor / Center Representative \_\_\_\_\_

Date Sponsor Certified/Categorized Form \_\_\_\_\_

Effective Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application.

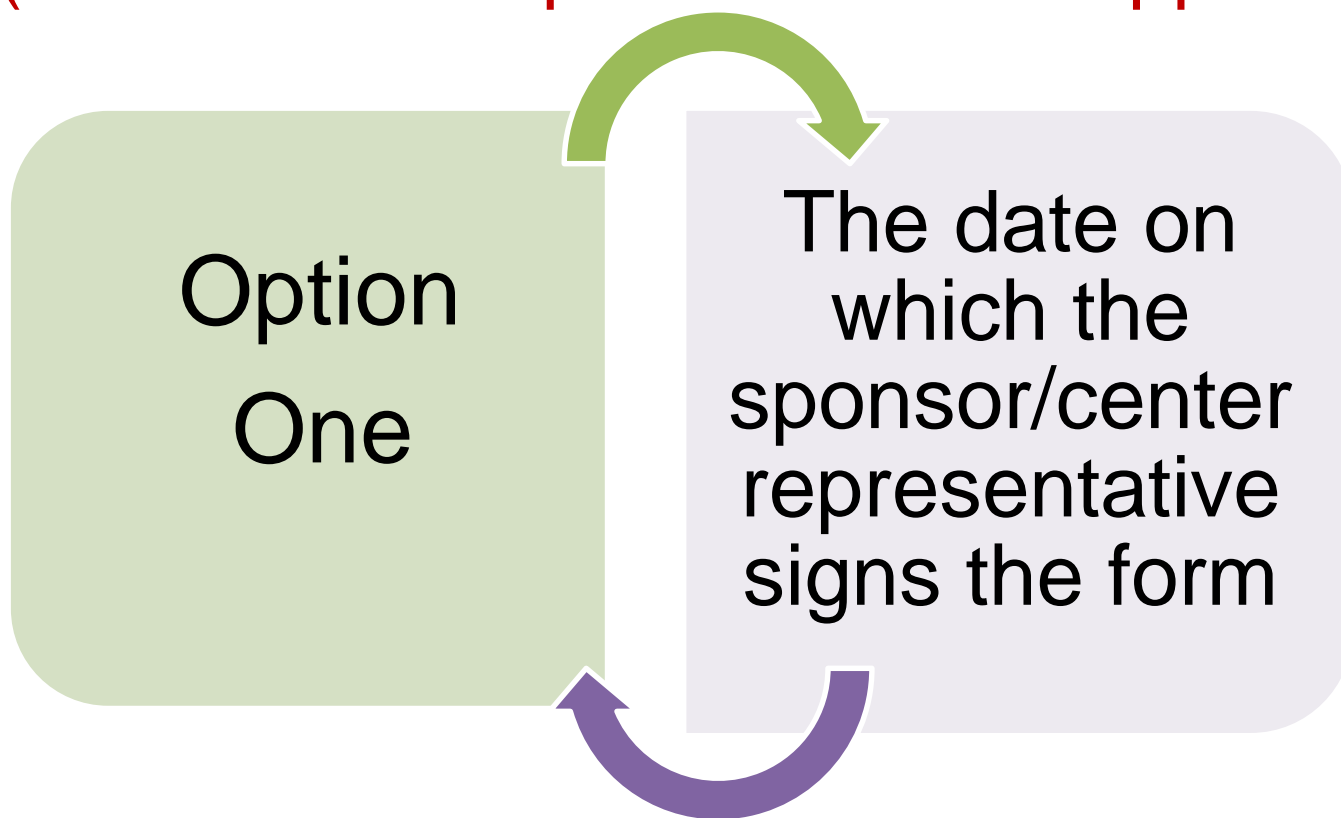
If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.

(From the first of month of date signed)

(Valid until last day of month in which form was signed one year earlier)

# Two Options for Effective Date of Income Form

(Must choose option on online application)





# Option 1: Date Sponsor/Center Certifies the Income Form

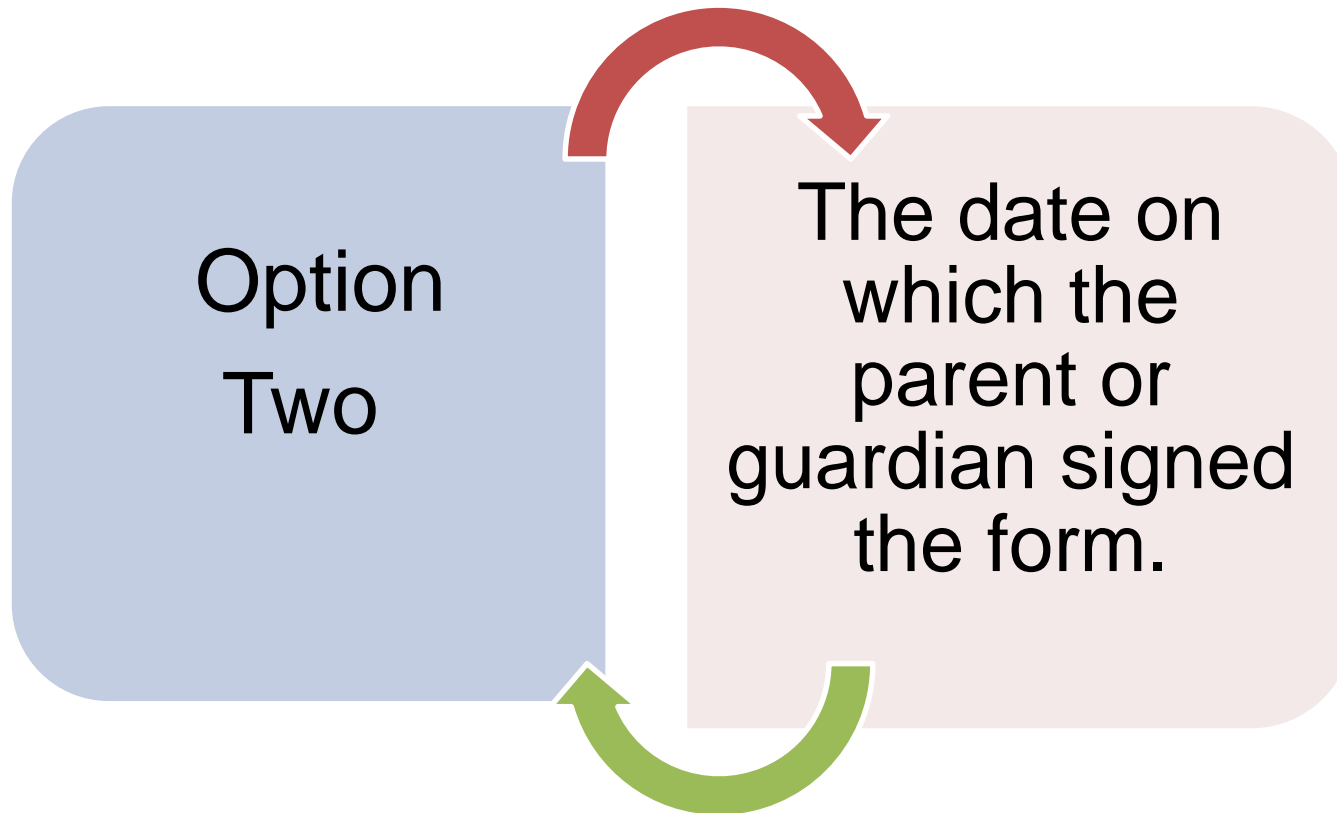
**PART 4 – SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:** Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her Social Security Number or check the “I do not have a Social Security Number” box.

I certify that all information on this form is true and correct and that all income information is from the most recent tax return. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

* <u>Charity Blair</u> SIGNATURE OF ADULT HOUSEHOLD MEMBER	* <u>7-22-19</u> DATE	If Part 3 is completed, Insert last 4 digits of Social Security Number <u>1 2 3 4</u> <input type="checkbox"/> (Check if applicable) I do not have a Social Security Number	
Print Name: <u>Charity Blair</u>	Daytime Phone Number: <u>614-728-1997</u>	Work Phone Number: <u>614-204-5847</u>	
Street / Apt: <u>25 S. Front Street</u>	City / State / Zip: <u>Columbus, Oh 43215</u>	County: <u>Franklin</u>	

<b>THIS SECTION TO BE COMPLETED BY CENTER. Note: All information above this section is to be filled in by the parent or guardian.</b>			
Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion : Weekly x 52, Every 2 Weeks (bi-weekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12		Application Certified/Categorized as: <input checked="" type="checkbox"/> <b>FREE</b> , based on <input type="checkbox"/> Food Assistance/OWF Case No. <input checked="" type="checkbox"/> Household size and income <input type="checkbox"/> Foster Child	
Total Household Size: <u>4</u>	Total Household Income: \$ <u>4,000</u> Per: <input type="checkbox"/> week <input type="checkbox"/> every two weeks <input checked="" type="checkbox"/> twice per month	<input type="checkbox"/> <b>REDUCED</b> , based on Household size and income <input type="checkbox"/> <b>PAID</b> , based on <input type="checkbox"/> too high <input type="checkbox"/> too low <input type="checkbox"/> no case number or information	
<u>May Smit</u> Signature of Sponsor / Center Representative <small>Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application. If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.</small>	<u>8-6-19</u> Date Sponsor Certified/Categorized Form	<u>8-1-19</u> Effective Date <small>(From the first of month of date signed)</small>	<u>8-31-2020</u> Expiration Date <small>(Valid until last day of month in which form was signed one year earlier)</small>

# Effective Date of Income Form



# Option 2: Date Parent/Guardian Signed form

**PART 4 – SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:** Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her Social Security Number or check the "I do not have a Social Security Number" box.

I certify that all information on this form is true and correct and that all income is from the household. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

* <u>Charity Blair</u> SIGNATURE OF ADULT HOUSEHOLD MEMBER	* <u>7-22-19</u> DATE	If Part 3 is completed, Insert last 4 digits of Social Security Number <u>1 2 3 4</u> <input type="checkbox"/> (Check if applicable) I do not have a Social Security Number	
Print Name: <u>Charity Blair</u>	Daytime Phone Number: <u>614-728-1997</u>	Work Phone Number: <u>614-204-5847</u>	
Street / Apt: <u>25 S. Front Street</u>	City / State / Zip: <u>Columbus, Oh 43215</u>	County: <u>Franklin</u>	

**THIS SECTION TO BE COMPLETED BY CENTER. Note: All information above this section is to be filled in by the parent or guardian.**

Complete information below only if qualifying child(ren) by household income from Part 3.  
 Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion:  
 Weekly x 52, Every 2 Weeks (bi-weekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12

Total Household Size: 4

Total Household Income: \$ 1,000

Per: ☐ week ☐ every two weeks ☐ twice per month ☐ year

Application Certified/Categorized as:

☒ FREE, based on ☐ Food Assistance/OWF Case No.  
☒ Household size and income  
☐ Foster Child

☐ REDUCED, based on Household size and income

☐ PAID, based on ☐ high income  
☐ and case number or information

May Sed  
Signature of Sponsor / Center Representative

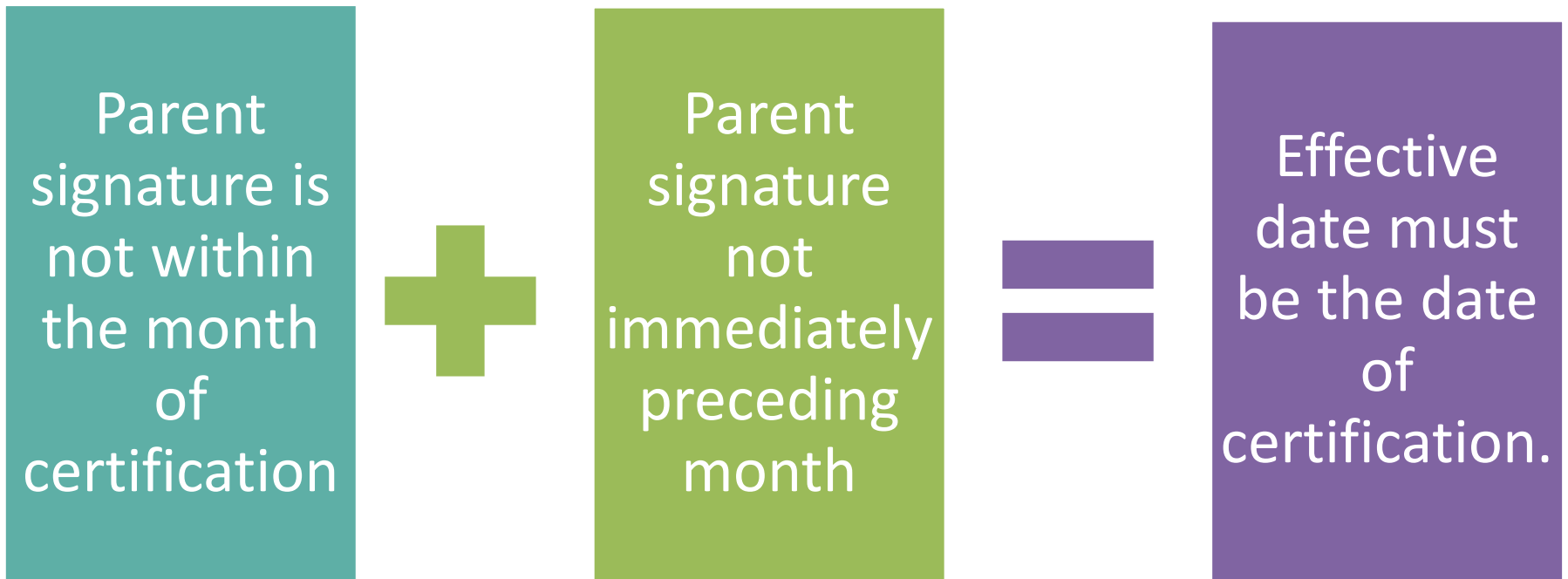
8-6-19  
Date Sponsor Certified/Categorized Form

7-1-19  
Effective Date  
(From the first of month of date signed)

7-31-2020  
Expiration Date  
(Valid until last day of month in which form was signed one year earlier)

Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application.  
 If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.

# Option 2: Date Parent/Guardian Signed Income Form





# Effective Date of Income Form

**PART 4 – SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:** Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her Social Security Number or check the “I do not have a Social Security Number” box.

I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

* <u>CABE</u> SIGNATURE OF ADULT HOUSEHOLD MEMBER	* <u>9-17-19</u> DATE	If Part 3 is completed, insert last 4 digits of Social Security Number <u>1 2 3 4</u> (Check if applicable) <input type="checkbox"/> I do not have a Social Security Number	
Print Name: <u>Charity Blair</u>	Daytime Phone Number: <u>614-728-1997</u>	Work Phone Number: <u>614-204-5817</u>	
Street / Apt: <u>25 S. Front St</u>	City / State / Zip: <u>Cols. Oh 43215</u>	County: <u>Franklin</u>	

**THIS SECTION TO BE COMPLETED BY CENTER. Note: All information above this section is to be filled in by the parent or guardian.**

Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion :  
Weekly x 52, Every 2 Weeks (bi-weekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12

Application Certified/Categorized as:

☒ **FREE**, based on ☐ Food Assistance/OWF Case No.  
☒ Household size and income  
☐ Foster Child

☐ **REDUCED**, based on Household size and income

☐ **PAID**, based on ☐ Income too high  
☐ Case number or information

Total Household Size: 4  
Total Household Income: \$ 1,000  
Per: ☐ week ☐ every two weeks ☐ twice per month ☐ year

Mary Sent  
Signature of Sponsor / Center Representative  
Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application.  
If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.

11-3-19  
Date Sponsor Certified/Categorized Form

11-1-19  
Effective Date  
(From the first of month of date signed)

11-30-2020  
Expiration Date  
(Valid until last day of month in which form was signed one year earlier)

# Option Selected

- The flexibility of option applies only to eligibility determinations made through submission of completed income forms.
- Option selected must be applied to all forms for all center/sites operated by the sponsor.
- Regardless of the option selected, sponsors must still categorize and complete the bottom of each form.

# Exercise 1: Income Guidelines

Household Size	Monthly Income
2	\$2,400.00
2	\$1,690.00
3	\$3,052.00

	FREE					REDUCED				
HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	\$16,237	\$1,354	\$677	\$625	\$313	\$23,107	\$1,926	\$963	\$889	\$445
2	21,983	1,832	916	846	423	31,284	2,607	1,304	1,204	602
3	27,729	2,311	1,156	1,067	534	39,461	3,289	1,645	1,518	759



# Valid or Invalid

1. Income form has an OWF case number beginning with 600...

**INVALID**

**Numbers beginning with 600... are not acceptable OWF or food assistance case numbers but are voucher numbers.**

# Valid or Invalid

2. Income form has an OWF 7-digit case number but does not have the last four digits of social security number

**VALID**

**A form with a valid case number does not require the last four digits of social security number.**

# Valid or Invalid

3. Monthly income is entered on the form but there is no case number or social security number listed.

**INVALID**

**A form with only income listed must also have the last four digits of the social security number listed.**

# Example

Name	Income	Frequency		Annually
Story Book	\$3,000.00	Monthly	x 12=	\$36,000.00
Art Book	\$242.00	Bi-weekly	x 26=	\$6,292.00
Scrap Book				
Phone Book				

Family Size	Total Household Income	Category
4	\$42,292.00	Reduced

	FREE - 130%					REDUCED - 185%				
HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
4	31,590	2,633	1,317	1,215	608	44,955	3,747	1,874	1,730	865

# Reclassifying Participants

Free or reduced  
categories - Classification  
is valid for 12 months

Paid category - Can be reclassified any  
time a change occurs in the financial  
status of the household that would move  
them into the free or reduced category

# Head Start Certification

Required

In Place of Master List

Maintain Master List For Non-Head Start

Complete Annually

Keep On File

# CACFP HEAD START CERTIFICATION

*Instruction: Head Start Sponsor must complete this certification form and keep on file each CACFP fiscal year. For sites with only Head Start/Early Start children enrolled, a CACFP Master List Form is not required as all children would be claimed as Free. An Enrollment Form must still be on file for all enrolled children including Head Start/Early Start children.*

NAME OF HEAD START AGENCY:	LIST CURRENT CACFP FISCAL YEAR:
----------------------------	---------------------------------

## CHECK AND COMPLETE APPLICABLE RESPONSES:

I certify that <u>ALL CHILDREN/PARTICIPANTS AT ALL CACFP APPROVED HEAD START SITES</u> operated by this agency (per the approved CRRS Center Site Applications for current fiscal year) are enrolled in a Head Start or Early Start Program and thus are automatically eligible for Free Meals.
---

I certify that <u>ALL CHILDREN/PARTICIPANTS AT ONLY THE CACFP APPROVED HEAD START SITES LISTED BELOW</u> (per the approved CRRS Center Site Applications for current fiscal year) and operated by this agency are enrolled in a Head Start or Early Start Program and thus are automatically eligible for Free Meals.	
Site Name	Site Name
Site Name	Site Name
Site Name	Site Name
Site Name	Site Name
Site Name	Site Name
Site Name	Site Name
Site Name	Site Name
Site Name	Site Name
Site Name	Site Name
Site Name	Site Name

I certify that the FOLLOWING CACFP APPROVED HEAD START SITE(S) operated by this agency (per the approved CRRS center Site Application for the current fiscal year) <u>HAVE CHILDREN WHO ARE NOT ENROLLED IN A HEAD START OR EARLY START PROGRAM.</u> I understand that any child not enrolled in a Head Start or Early Start Program does not qualify as automatically eligible for Free meals and must have a complete Income Eligibility Application on file to be claimed as Free or Reduced. I understand that our agency must complete a CACFP Master List for to document how each non-Head Start/Early Start child is claimed each month.	
Site Name	Site Name
Site Name	Site Name
Site Name	Site Name
Site Name	Site Name
Site Name	Site Name
Site Name	Site Name
Site Name	Site Name
Site Name	Site Name
Site Name	Site Name
Site Name	Site Name

SIGNATURE OF AUTHORIZED HEAD START REPRESENTATIVE:	
TITLE:	DATE:

This institution is an equal opportunity provider.

CACFP update 2/22/16



# Centers Collaborating with Head Start

Each month Head Start Grantee provides center with certified list of Head Start Children enrolled at the center



Head Start children enrolled in child care center may be considered automatically free

# **CERTIFIED LIST OF COLLABORATIVE HEAD START CHILDREN**

(Make additional copies as needed)

Month:	Year:
--------	-------

Name of Head Start Grantee:
-----------------------------

Name of Collaborative Child Care Center:
--

	Head Start Children Names
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

Signature of Head Start Grantee Authorized Representative	Date:
--	-------

This institution is an equal opportunity provider.

# Income Form Guidance

Include in  
enrollment  
packet

Keep all current  
Income Forms  
together in a  
binder

Alphabetize by  
child's last  
name

New Income  
Form every 12  
months

Expired,  
Missing or  
Invalid = PAID

# Income Form Guidance

Effective date is  
first day of the  
month

All forms kept for  
three years plus  
current year or until  
all audit or review  
findings are finalized

Correction fluid  
makes form  
invalid

# Mistakes Can Be Costly



# Common Mistakes

Outdated  
Income  
Eligibility  
Guidelines  
used

Last four digits  
of Social  
Security  
Number  
missing

Data  
transferred  
incorrectly  
from income  
form

Number in  
household  
added  
incorrectly

Invalid Food  
Assistance or  
Ohio Works  
First case  
number

Dates appear  
altered and/or  
correction fluid  
used

# Questions?





# Master List



# What is a Master List?

Electronic or paper  
record of how each  
participant is claimed  
each month

Maintain separate  
Master Lists for each  
program type Child  
care, Youth  
Development, Adult  
Care

# Master List Should Include

Participant's full name



Racial category code and ethnic category



Date parent/guardian signed enrollment form



Date IEA signed by parent/guardian or certified by sponsor



Income eligibility category



Category claimed per monthly attendance

# Master List Exceptions

Homeless/  
Domestic  
Violence/  
Emergency  
Shelters

Certified Head  
Start  
Collaborative  
Children

After School at  
Risk Programs

Federal  
Certified Head  
Start Centers

# Master List Example

PARTICIPANT NAMES	* Racial Category Code	Ethnic Category		If applicable Date Enrollment Form Signed	Option selected on CRRS application Date Income Form signed by Participant or Parent/guardian OR Signed & Certified by Sponsor	Income Category			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
		Hispanic or Latino	Non-Hispanic or Latino			FR	RD	PD												
1 Black, Thomas	W		X	7/13/16	7/13/16	X			F	F	F	F								
2 Bradley, Sara	B/AA		X	8/19/16	8/22/16			X	P	P	P	P								
3 Gonzales, Rachel	W	X		12/2/16	1/3/17	X					EP	F								
4 Chung, Kimberly	A		X	10/10/16	10/4/16	X			F	F	F	F								
5 Clark, Bryan	A/AN		X	10/6/15 12/5/16	10/6/15 12/5/16		X		R	P	R	R								
6 Collins, Lisa	NH/PI		X	8/15/16	8/22/16			X	P	P	WP									
* RACIAL CATEGORY CODES:		B/AA = Black or African American				Total Free [F]			2	2	2	3								
A/AN = American Indian or Alaska Native		NH/PI = Native Hawaiian or Pacific Islander				Total Reduced [R]			1	0	1	1								
A = Asian		W = White				Total Paid [P]			2	3	3	1								

# Recommendations

Use formal names on both Master List and attendance

Record each child's name on the Master List in alphabetical order or same order as on attendance.

Avoid nicknames, first names only, etc.

Multiple last names?  
No problem!  
Photocopy the completed income form for each child.

# Questions?





The background of the slide features a close-up, artistic photograph of several hands of different skin tones gently cupping a glowing blue globe. The lighting is soft and ethereal, with a blue and white color palette. The text is overlaid on the upper left portion of this image.

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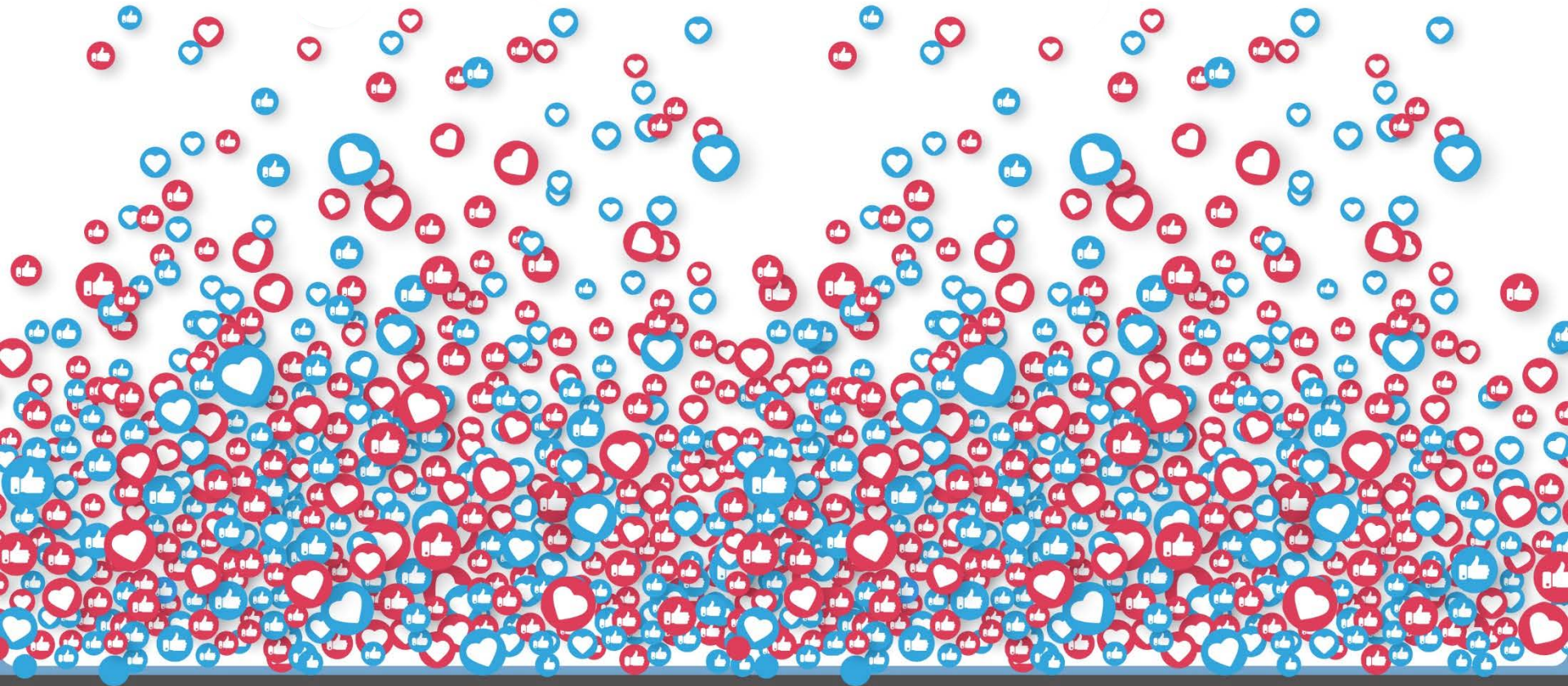
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