

AUTOMATIC ELIGIBILITY SUMMARY for Head Start or Even Start Programs

Center Name: _____ Claim Month and Year: _____

Names of Enrolled Children	Income Form Date	Enrollment Form Date	Attended A Meal	Income Categories			Comments
				Free	RP	Paid	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							

TOTAL

I certify that the above listed children are enrolled as participants: Head Start program or Even Start program. Children who meet the Head Start or Even Start income eligibility guidelines are identified by "HS" or "ES" in the free category column.

 (Signature of Determining Official)

 (Date)

INSTRUCTIONS

Automatic Eligibility Summary for Head Start or Even Start Programs

The Automatic Eligibility Summary reports the total number of children participating in the CACFP (children for whom meals are provided by the center) and the number of children in each income category. The number of children for each income category is reported in the Income Eligibility Categories section of the Child Care Centers Reimbursement Claim. The numbers are used to establish claiming percentages which are used to calculate reimbursement to the sponsoring agency.

Complete the following items:

1. **Center Name:** Record the center or site's name.
2. **Claim Month and Year:** Record the calendar month and year.
3. **Names of Enrolled Children:** List the first and last names of all enrolled children who have been served at least one meal or snack by the center during the claim month. Organize the names in alphabetical order or group the names by income category.
4. **Income Form Date:** For each child *not* meeting the automatic eligibility guidelines, record the date the determining official signed the Enrollment & Income Eligibility Form, if the child is counted in the free or reduced price category.
5. **Enrollment Date:** Record the date from the child's CACFP enrollment form or Enrollment & Income Eligibility Form. Every child must have current enrollment information on file.
6. **Attended a Meal:** Place an **X** in the column if the child has participated in at least one meal service during the claim month. This column verifies meal participation.
7. **Income Categories:** Place an **HS** or **ES** in the free column if the child meets the criteria for automatic eligibility. For children not automatically eligible, mark the appropriate income category with an **X**. Any child with an "X" in the free or reduced price must have a current Enrollment & Income Eligibility Form on file.
8. **Comments:** This column is for notes about the child's form/status (not returned, dated after the reporting deadline, etc.).
9. Check the box for Head Start or Even Start. A representative of the Head Start or Even Start agency ***must sign and date*** the form.

*After completing the form,
attach the list to your copy of the Child Care Centers Reimbursement Claim.
Do **NOT** send this form to Child Nutrition & Wellness*