

INCOME ELIGIBILITY CATEGORIES SUMMARY

Center/Site Name: _____

Month/Year: _____

Names of Enrolled Participants	Income 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.						
26.						
27.						
28.						
Totals						

INSTRUCTIONS

Income Eligibility Categories Summary

The Income Eligibility Categories Summary lists the name of each enrolled meal participant for the site, and the participant's income category. The number of participants for each income category is reported in the Income Eligibility Categories section of the Center 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/Site Name:** Record the center or site's name.
2. **Claim Month and Year:** Record the calendar month and year.
3. **Names of Enrolled Participants:** List the first and last names of all participants who have been served at least one meal or snack by the center during the claim month (staff and volunteers do not count). Organize the names in alphabetical order or group the names by income category.
4. **Income Form Date:** For each participant that has an Enrollment & Income Eligibility Form on file, record the date the determining official signed the form.
5. **Attended a Meal:** For each participant, check the column with an "X" if that participant was served at least one meal or snack during the claim month. Any participant that was not served a CACFP meal or snack during the month is not counted in the income categories.
6. **Income Categories:** For each participant, mark the appropriate income category with an "X". Any participant with an "X" in the free or reduced price must have a current Enrollment & Income Eligibility Form on file.
7. **Comments:** This column is for notes about the participant's form (not returned, dated after the reporting deadline, incomplete enrollment info, etc.).

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