# CACFP MASTER LIST
# of ENROLLED CHILDREN

Approved 4/9/07

Month_____ Year:_____

Institution Name:_____

Facility Name:_____

**1.** In alphabetical order, child's last name **2.** Child's first name **3.** Check the box if the child attended this month **4.** List **renewal** date (month/year) for child's Income Eligibility Form (IEF) **5.** List benefit category: Free, Reduced or Paid (F, R or P) **6.** If institution is for-profit and verifies monthly eligibility to participate in CACFP based on at least 25% Title XX recipients, check this box **7.** List ethnicity if using this form to document required annual Civil Rights information. Limited to: H=Hispanic, N=Non Hispanic **8.** List racial information if using this form to document required annual Civil Rights information. Limited to: A=Asian, B=Black, W=White, I=American Indian/Alaskan Native, P=Pacific Islander

| **1** Last Name | **2** First Name | **3** Attended | **4** IEF renewal date | **5** Benefit category | **6** Title XX | **7** Ethnicity | **8** Race |
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