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FREE OR REDUCED-PRICE MEAL ELIGIBILITY DOCUMENTATION SHEET FOR RESIDENTIAL CHILD CARE INSTITUTIONS ONLY

NAME OF CHILD RESIDING IN INSTITUTION	**BIRTH DATE OF CHILD**	**ENROLLED DATE**	**DEPARTURE DATE**	**CURRENT MONTHLY INCOME EARNED OR DIRECTLY RECEIVED BY CHILD** (Before Deductions - Does Not Include Income Received by Institution on Child's Behalf)	**DATES OR PERIOD FOR WHICH INCOME IS RECEIVED**	**DATE OF ELIGIBILITY DETERMINATION**	**CATEGORY OF ELIGIBILITY** (Free, Reduced or Ineligible for Free or Reduced)	**NAME OR INITIALS OF DETERMINING OFFICIAL**