**SAMPLE FORMAT** -- Distributed by ISBE for SFA discretionary use only. Format may be modified and/or copied to meet specific National School Lunch Program recordkeeping needs. **Do not return to ISBE.** 

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

NAME OF CHILD RESIDING IN INSTITUTION	BIRTH DATE OF CHILD (mm/dd/yyyy)	ENROLLED DATE (mm/dd/yyyy)	DEPARTURE DATE (mm/dd/yyyy)	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 IN- COME IS RECEIVED (mm/dd/yyyy)	DATE OF ELIGIBILITY DETERMINATION (mm/dd/yyyy)	CATEGORY OF ELIGIBILITY (Free, Reduced or Ineligible for Free or Reduced)	NAME OR INITIALS OF DETERMINING OFFICIAL