

## FOR-PROFIT FREE/REDUCED PRICE MEAL SUMMARY

Name: \_\_\_\_\_ Number (P0...) \_\_\_\_\_

Site Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Total Enrollment for the Month: \_\_\_\_\_

***Each child/family must have a current Enrollment & Income Eligibility Form (E/IEF) on file and the household size and income must meet the income guidelines for free or reduced price meals.***

Names of Enrolled Children Qualifying for Free or Reduced Price Meals for the Month:	Check if E/IEF is Free or Reduced	Income Form Date	Comments:
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.			

**Child Nutrition & Wellness, Kansas State Department of Education  
Child and Adult Care Food Program**

***Each child/family must have a current Enrollment & Income Eligibility Form (E/IEF) on file and the household size and income must meet the income guidelines for free or reduced price meals.***

Names of Enrolled Children Qualifying for Free or Reduced Price Meals for the Month:	Check if E/IEF is Free or Reduced	Income Form Date	Comments:
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			
41.			
42.			
43.			
44.			
45.			
46.			
47.			
48.			
49.			
50.			