



HAWAII CHILD NUTRITION PROGRAMS  
 STATE OF HAWAII  
 DEPARTMENT OF EDUCATION  
 650 Iwilei Road  
 Suite 270  
 HONOLULU, HAWAII 96817

CHILD ADULT CARE FOOD PROGRAM  
**Attendance/Enrollment Study**  
 FFY 2017

**NAME OF INSTITUTION AND ADDRESS:**

**AGREEMENT NUMBER:** \_\_\_\_\_

The income eligibility based on the family size and income for participants in attendance for the Child and Adult Care Food Program are effective **July 1, 2016** through **June 30, 2017**:

Free	
Reduced-Price	
Above - Scale	
Total	

One month\* Attendance Study covers the period \_\_\_\_\_ through \_\_\_\_\_  
 and is to be used for Federal Fiscal Year 2017. (month/date/year) (month/date/year)

The Attendance Study is a document that reports the number of Free, Reduced Price, and Above Scale participants for any given complete month. The information provided determines the claiming percentage of meal reimbursements.

When updating the Attendance Study, please send this document when inputting the Claim for Reimbursement in HCNP Systems.

I certify that I have received the CACFP regulations, management manual, and transmittals and other materials from the Department of Education, explaining the criteria for eligibility and the instructions for reporting enrollment data. I fully understand these requirements and instructions, and have retained the necessary documentation to support the above data. In addition, I certify that the above information is true and correct. I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**Note**

\*Complete a full month. Do not combine 1/2 of one month and 1/2 of another month, i.e., September 16 through October 16.

The month of October must be used for your initial study month.