

STATE OF HAWAII DEPARTMENT OF EDUCATION 650 IWILEI ROAD SUITE 270 HONOLULU, HAWAII 96817

ATTENDANCE AND ELIGIBILITY ROSTER CHILD AND ADULT CARE FOOD PROGRAM

FEDERAL FISCAL YEAR 2017

(RETAIN THIS FORM FOR REVIEW BY HCNP)

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| NAME OF FACILITY: | | | | AGREEMENT NUMBER: | | | | |
| NAME OF CHILD/PARTICIPANT | DATE ENTERED INTO PROGRAM FFY 2017 | DATE EXITED FROM PROGRAM | CATEGORY OF ELIGIBILITY | | | DATE MBF SIGNED BY | DATE AND INITIALS OF DETERMINING | |
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