|  |  |
| --- | --- |
| **State of Hawaii****Department of Education****Hawaii Child Nutrition Programs****650 Iwilei Road Suite 270****Honolulu, Hawaii 96817** | **ATTENDANCE AND ELIGIBILITY ROSTER**  **CHILD AND ADULT CARE FOOD PROGRAM** **FEDERAL FISCAL YEAR 2026 (*RETAIN THIS FORM FOR REVIEW BY HCNP*)** |
| **NAME OF FACILITY:** | **AGREEMENT NUMBER:** |
| **NAME OF CHILD/PARTICIPANT** | **DATE ENTERED INTO PROGRAM****FFY 2026** | **DATE EXITED FROM PROGRAM** | **CATEGORY OF ELIGIBILITY** | **DATE MBF SIGNED BY HOUSEHOLDMEMBER** | **DATE AND INITIALS OF****DETERMINING OFFICIAL** |
| **F** | **RP** | **AS** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

This institution is equal opportunity provider.