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| **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** |
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This institution is equal opportunity provider.