**FOR****-PROFIT ELIGIBILITY by Attendance for October 20****\_\_\_\_\_ through September 20****\_\_\_\_\_ – Adult Care**

1. List **all** eligible adults in attendance during the month. Adults living in residential facilities (assisted living/retirement centers/nursing homes) and adults that attend the center on a 3-day or less trial basis, and adults that are tube fed (when the formula is provided by the adult participant) are **not** eligible.
2. Put an X in the Title XIX – Medicaid Recipient column based on the eligible adult’s Medicaid eligibility documentation.
3. Total the number of Title XIX - Medicaid recipients at the bottom of the column.
4. Divide the total number of eligible Title XIX - Medicaid recipients in attendance during the month by the TOTAL number of eligible adults in attendance.

The total number of eligible Title XIX - Medicaid recipients in attendance during the month is \_\_\_\_\_\_\_ divided by the TOTAL number of eligible adults in attendance of \_\_\_\_\_\_\_ = \_\_\_\_\_\_\_ %.

**EXAMPLE:** 12 (eligible Medicaid recipients in attendance) divided by the total attendance of 24 = 50%. The total % **must** meet or exceed 25% each month. You may not round up to 25%.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number** | **Name of Eligible Adult in Attendance** | **Title XIX –**  **Medicaid Recipient** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **April** | **May** | **June** | **July** | **Aug** | **Sept** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number** | **Name of Eligible Adult in Attendance** | **Title XIX –**  **Medicaid Recipient** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **April** | **May** | **June** | **July** | **Aug** | **Sept** |
| 18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 31 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 32 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 33 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 34 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 35 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 36 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 37 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 38 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 39 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 40 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 41 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 42 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 43 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 44 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 45 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 46 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number** | **Name of Eligible Adult in Attendance** | **Title XIX –**  **Medicaid Recipient** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **April** | **May** | **June** | **July** | **Aug** | **Sept** |
| 47 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 48 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 49 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 50 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 51 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 52 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 53 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 54 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 55 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 56 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 57 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 58 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 59 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 60 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 61 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 62 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 63 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 64 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 65 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 66 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 67 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 68 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 69 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 70 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 71 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 72 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 73 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 74 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 75 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number** | **Name of Eligible Adult in Attendance** | **Title XIX –**  **Medicaid Recipient** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **April** | **May** | **June** | **July** | **Aug** | **Sept** |
| 76 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 77 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 78 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 79 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 80 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 81 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 82 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 83 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 84 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 85 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 86 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 87 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 88 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 89 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 90 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 91 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 92 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 93 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 94 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 95 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 96 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 97 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 98 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 99 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 100 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Total Medicaid** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Attendance** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total %\*** |  |  |  |  |  |  |  |  |  |  |  |  |

**\* Percentage must meet or exceed 25% each month**