OSPI CNS Child & Adult Care Food Program Study Month Reminders

Adult Care Institutions

Completing the Attendance Roster for the Study Month

- ✓ A study month is one calendar month or 30 consecutive calendar days including weekends and holidays.
- ✓ List the following on the Attendance Roster:
 - Name of the eligible adult in attendance during the study month.
 - List the first and last name (alphabetize by last name) of the adult in attendance.
 - Do not include adults living in residential facilities, such as assisted living, retirement centers, or nursing homes on the Attendance Roster as they are not eligible.
 - Do not list adults if they are not claimed for reimbursement, such as adults that provide their own food for tube feeding or those attending on a trial basis for three days or less.
 - Age of adult.
 - Type of assistance Medicaid, Supplemental Security Income (SSI), Basic Food, or Food Distribution Program on Indian Reservations (FDPIR).
 - Case number or title of the document (see below) on file to verify the assistance received.
 - A case number is **not** the same as an authorization number.
 - A Medicaid number is **not** the same as a Medicare number.
 - A Social Security Number is not a case number except in some cases in the FDPIR.
 - Medicaid document Washington DSHS Social Service Notice or Electronic Funds Transfer Remittance Advice from SSPS (Social Service Payment System).
 - **SSI document** Award Letter.
 - **Basic Food** Signed Income-Eligibility Application (IEA).
 - FDPIR Signed IEA.
 - List "IEA" if the adult has completed an Income-Eligibility Application.
 - An IEA is valid for one year from the date signed by the participant/household member/guardian or the date the institution's representative signed the form. If the IEA expires during the study month, it is valid through the end of the study month.



- The chart on page 2 indicates the information that should have been completed by the adult participant, household member, or guardian.
- Eligibility begin/end date for those adults receiving one of the types of assistance listed above.
- Categorize the adult as free, reduced-price, or above scale.
- Keep a copy of the Attendance Roster on file for each study month.

Income Eligibility Applications (IEA)

PART 1—ADULT PARTICIPANT'S INFORMATION	✓ Adult participant's name✓ Age
PART 2—HOUSEHOLD MEMBER RECEIVING BASIC FOOD OR FDPIR OR PARTICIPANT RECEIVING SSI OR MEDICAID	 ✓ Household member or participant's name ✓ Circle the type of benefit received. ✓ Case number or identification number
PART 3—TOTAL HOUSEHOLD INCOME FROM LAST MONTH	 ✓ List the participant(s), spouse, and dependent children of participant(s). ✓ List the amount of income received by each person listed, identified by source. If the household member has no income, put "0" or "zero." ✓ List the last 4 digits of the adult participant's Social Security Number or check the box indicating the eligible adult participant does not have one.
PART 4—SIGNATURE AND CERTIFICATION	 ✓ Signature of Adult ✓ Date ✓ Address ✓ Relationship to Adult Participant ✓ Daytime Phone Number
PART 5—PARTICIPANT'S ETHNIC AND RACIAL IDENTITY (You are not required to answer this.)	If the eligible adult participant or household member or legal guardian has not completed PART 5, this data must be collected by the center staff. Submit this data on each site application (online in WINS).
CENTER USE ONLY section	The institution's representative must complete this section. Enter the total income if income was listed in PART 3. Select the appropriate eligibility category, sign, and date the form.

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Additional IEA Reminders

- ✓ List "zero" or "0" on the IEA, in Part 3, if the household has no income.
- ✓ Clarify, if needed, the frequency of reported income with the adult who signed the IEA to ensure an accurate income determination has been made.
- ✓ When other people are living in the adult participant's household and depend on the adult for economic support, their income must be included in the total monthly income reported. This is usually the adult participant's spouse and dependent children. Functionally impaired adults living with their parents are considered a "family" separate from their parents.
- ✓ The IEA may be signed and dated by:
 - The adult participant, or
 - A household member/relative who has power of attorney (adult household member) for the individual listed in Part 1, or
 - A court assigned "guardian" (authorized representative or legal guardian). If the court has declared the individual listed in Part 1 of the IEA to be incompetent, a legal guardian may be assigned to oversee his/her business and legal affairs. A court-assigned guardian need not list his/her Social Security Number on this form. However, the last four digits of the eligible adult participant's social security number must be listed in Part 3.
- ✓ Evaluate the IEAs using the most current Income Guidelines. When using the participant/household member/guardian signature date as the effective date, the form must have been signed by the institution representative within the same month the participant/household member/guardian signed the form or the immediately following month. If the institution representative does not evaluate and sign the IEA within these guidelines, the institution representative's signature date must be used as the effective date.

Multiple Site Institutions

- ✓ Ensure all sites are open and operating during the study month.
- ✓ Adults in attendance at more than one site during the study month must be included on each site's Attendance Rosters.

Proprietary (For-Profit) Centers

- ✓ Ensure that in each center at least 25 percent of the adult participants in attendance are eligible for Title XIX funding on a monthly basis.
- ✓ Title XIX eligibility does not mean an adult is categorically eligible for free meals. It allows the proprietary center to determine monthly if it is eligible to participate in the CACFP.

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