



Child and Adult Care Food Program  
**Participant Eligibility Roster**  
October 1, 2025 – September 30, 2026

Sponsors are required to use the **Participant Eligibility Roster** to track free, reduced-price and above scale participant eligibility in child care centers, adult care centers and outside school hours care centers. The participant's eligibility category may be based on information provided on the Income Eligibility Application (IEA) or assistance received. Sponsors must document the participant's name, enrollment/disenrollment, age, type of assistance received, the case number or verification source, IEA effective dates and the eligibility category on the roster when participants attend. Keep this roster with CACFP records. This report does not need to be sent to OSPI.

**Instructions for Completing the Participant Eligibility Roster:**

For the fiscal year (October 1 to September 30), the following must be recorded under each column:

1. Enter the **name of each participant** (last name first). If a new participant starts attending during the fiscal year, add their name to the roster.
2. For the **enrollment date**, list the first date the participant was in attendance. If the adult was in attendance prior to October 2025, then enter 10/1/25.
3. If a participant stops attending during this fiscal year, enter the last day of attendance as their **disenrollment date**.  
**Tip:** Once you have claimed the participant for the last month they have attended, place a line through their name. This will prevent accidental claiming in subsequent months.
4. List the **age of adult**.
5. Indicate the **type of assistance** the participant receives: Medicaid, SSI, Basic Food or TANF. List "NA" if not applicable.
6. If assistance is received, list the **case number or the verification source**; Medicaid- DSHS notice of SSPS payment, SSI-Award Letter, Basic Food & TANF-IEA.
7. Enter the **IEA eligibility dates** based on either the Institution Signature Date, or the Adult/Guardian Signature Date.
  - a. Institution Signature Date: IEAS are effective in the month that the Institution signs.
  - b. Adult/Guardian Signature Date: IEAs are effective in the month that the Adult/Guardian signs the form if the Institution signs the IEA in the same month or the immediately following month.**Note:** Sponsors must be consistent with choosing the Adult/Guardian or Institution date for all IEAs. IEAs are effective for 1 year, through the last day of the effective month.
8. Enter the **participant's category of eligibility** based on approved IEA.
9. At the end of each month, use the **Monthly Participant Attendance & Eligibility Report** to list all participants in attendance and:
  - ✓ Calculate the monthly total attendance and the total number of free, reduced price and above scale (F/RP/AS) participants.
  - ✓ Calculate the monthly % Free/Reduced Price participation for the month (For Profit Centers only).
  - ✓ Transfer the Monthly F/RP/AS numbers on this form for the Fiscal Year.
  - ✓ Enter monthly participant eligibility (F/RP/AS) with monthly claim in the Washington Integrated Nutrition System (WINS).





**Sponsor Name:**

**WINS ID:**

**Center Name:**

**License Capacity:**

|        | OCT 25 | NOV 25 | DEC 25 | JAN 26 | FEB 26 | MAR 26 | APRIL 26 | MAY 26 | JUNE 26 | JULY 26 | AUG 26 | SEPT 26 |
|--------|--------|--------|--------|--------|--------|--------|----------|--------|---------|---------|--------|---------|
|        | F      | F      | F      | F      | F      | F      | F        | F      | F       | F       | F      | F       |
|        | R      | R      | R      | R      | R      | R      | R        | R      | R       | R       | R      | R       |
|        | AS     | AS     | AS     | AS     | AS     | AS     | AS       | AS     | AS      | AS      | AS     | AS      |
| Total  |        |        |        |        |        |        |          |        |         |         |        |         |
| *%F/RP |        |        |        |        |        |        |          |        |         |         |        |         |

\*For profit centers are required to track the % of free and reduced-price (% F/RP) eligible participants in attendance monthly to ensure the 25% eligibility requirement is met. 25% may be based on total attendance or license capacity. Nonprofit centers do not need to record % F/RP.

| 1                   | 2                                   | 3                | 4         | 5                                | 6                                                  | 7                 |                 | 8                       |               |             |
|---------------------|-------------------------------------|------------------|-----------|----------------------------------|----------------------------------------------------|-------------------|-----------------|-------------------------|---------------|-------------|
|                     | Enrolled                            | Disenrolled      | Age       | Type of Assistance               | Case Number/Verification Source                    | Eligibility Dates |                 | Participant Eligibility |               |             |
| Name of Participant | 10/1/25 or First Date of Attendance | Date Disenrolled | Adult Age | Medicaid, SSI, Basic Food, FDPIR | DSHS Notice of SSPS Payment, SSI Award Letter, IEA | Effective Date    | Expiration Date | Free                    | Reduced Price | Above Scale |
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| 1                   | 2<br>Enrolled                             | 3<br>Disenrolled    | 4<br>Age     | 5<br>Type of<br>Assistance             | 6<br>Case Number/Verification<br>Source               | 7<br>Eligibility Dates |                    | 8<br>Participant Eligibility |                  |                |
|---------------------|-------------------------------------------|---------------------|--------------|----------------------------------------|-------------------------------------------------------|------------------------|--------------------|------------------------------|------------------|----------------|
| Name of Participant | 10/1/25 or<br>First Date of<br>Attendance | Date<br>Disenrolled | Adult<br>Age | Medicaid, SSI,<br>Basic Food,<br>FDPIR | DSHS Notice of SSPS Payment,<br>SSI Award Letter, IEA | Effective<br>Date      | Expiration<br>Date | Free                         | Reduced<br>Price | Above<br>Scale |
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| 1                   | 2<br>Enrolled                             | 3<br>Disenrolled    | 4<br>Age     | 5<br>Type of<br>Assistance             | 6<br>Case Number/Verification<br>Source               | 7<br>Eligibility Dates |                    | 8<br>Participant Eligibility |                  |                |
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| Name of Participant | 10/1/25 or<br>First Date of<br>Attendance | Date<br>Disenrolled | Adult<br>Age | Medicaid, SSI,<br>Basic Food,<br>FDPIR | DSHS Notice of SSPS Payment,<br>SSI Award Letter, IEA | Effective<br>Date      | Expiration<br>Date | Free                         | Reduced<br>Price | Above<br>Scale |
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| Name of Participant | 10/1/25 or<br>First Date of<br>Attendance | Date<br>Disenrolled | Adult<br>Age | Medicaid, SSI,<br>Basic Food,<br>FDPIR | DSHS Notice of SSPS Payment,<br>SSI Award Letter, IEA | Effective<br>Date      | Expiration<br>Date | Free                         | Reduced<br>Price | Above<br>Scale |
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