Ohio Child and Adult Care Food Program - MASTER LIST

Instructions: All sponsors are to keep a computerized or written Master List to record how each child is claimed monthly. Keep separate Master Lists per program type (i.e. child care center, Head Start, After School at Risk, etc.). We suggest listing the participants in alphabetical order on one center list or individual classroom lists in the same order as the classroom attendance list. Complete the columns for racial category and ethnic category (a visual identification can be made if the parent/guardian has not checked the racial and ethnic category on the income form), date enrollment form signed by parent, date income form signed by parent OR signed by sponsor (per option sponsor has selected on CRRS application), and income category taken from the income form. If participant was in the attendance at least once per month, include them on the Master List and insert the correct income category code (F, R, P) in the monthly column. If participant was not in attendance during the month, insert and "X" in the monthly column. Enter an "E" along with the income code in the column only for the month when participant withdraws and stops attending at your center. Each month add all income categories (F's, R's, and P's) at bottom of page(s) and submit on CRRS claim.

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tending at your center. Each month add all inc		Ethni			Option selected on CRRS application											Rev 6		-		
		Catego	ory	If applicable to program	Date Income Form signed by Parent OR	Income Category														
	* Racial Category Code	Hispanic or Latino	Non-Hispanic or Latino	Date Enrollment Form Signed by Parent		FR	RD	PD	100	Nov	Dec	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sept
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* RACIAL CATEGORY CODES: B/AA = Black or African American						Total	Free [F	-]												
Al/AN = American Indian or Alaska Native		NH/PI = Native Hawaiian or Pacific Islander					Total Reduced [R]													
A = Asian		W = White					Total Paid [P]													