

# ADULT DAY CARE INSTITUTIONS

# APPROVING ADULT FAMILY-SIZE AND INCOME APPLICATIONS

Every application must be approved at face value. Institutions ***must not*** complete any part of the application for a household nor can an institution require a household to complete an application.

A. The application ***MUST*** provide the following:

1. For ***Supplemental Nutrition Assistance Program (SNAP)\*, Medicaid\*, or Supplemental Security Income (SSI)\* households:***

- a. The name of each participant for whom the application is made.
- b. A SNAP, Medicaid, FDPIR, or SSI case number.
  - (1) SNAP\*: A valid SNAP number may begin with the letters ***A, B, C, D, H, J,*** or ***T*** followed by six to nine digits. All valid numbers ***MUST*** be Oklahoma-issued. Some numbers could also include a dash, followed by two additional numbers.
  - (2) Valid Medicaid numbers are nine digits long. Most will start with zeros, and there will be no letters in the number.
  - (3) FDPIR\*: An FDPIR number may be any combination of letters and/or numbers. It has no identifiable format. ***NOTE: A number starting with KK should not be considered an FDPIR number.***
  - (4) SSI numbers are recognized as social security numbers.

***NOTE: SNAP, Medicaid, FDPIR, and SSI numbers must be Oklahoma-issued.***

- \* If an application contains a single case number for SNAP, Medicaid, FDPIR, or SSI number, all enrolled participants listed on the application ***MUST*** be approved for free meal benefits. Any income information on an application containing a ***SINGLE/CORRECT*** SNAP, Medicaid, FDPIR, or SSI case number should be disregarded. (Reference USDA Memo SP-38-2009.)
- \* If there is any doubt of the validity of a case number submitted on an application, the institution should contact the appropriate SNAP, Medicaid, FDPIR, or SSI official and document the findings. (This is only for numbers that are not formatted as Oklahoma numbers.)

- c. The signature of the participant/adult household member.

2. For ***Other Households (Income Households):***

- a. The names of all household members, including the participant for whom the application is made

- b. The amount of gross income received by each household member and the source of the income.
- c. The last four digits of the social security number of the participant or the adult household member who signs the application or an indication that the participant or the household member does not have one.
- d. The signature of the participant or the adult household member.

#### B. Computation of Current Income

1. Each household **MUST** provide the amount of gross income received. Income **MUST** be identified with the individual who received it and the source of the income (such as earnings, welfare, or pensions). It is the responsibility of the institution representative to compute the household's total current income and compare the total amount to the Income-Eligibility Guidelines. (See **page 239 & 354**)
2. Households may report incomes for different periods; e.g., one monthly, one every two weeks, one twice a month, and one weekly. The institution representatives must convert all reported incomes to annual income to determine the total household income.
3. To compute annual income:
  - a. If income is received **every week**, multiply the total gross income by 52 to determine the annual income.
  - b. If income is received **every two weeks**, multiply the total gross income by 26 to determine the annual income.
  - c. If income is received **twice a month**, multiply the total gross income by 24 to determine the annual income.
  - d. If income is received **once a month**, multiply the total gross income by 12 to determine the annual income.

#### C. Form Approval or Denial

1. Households that submit an incomplete form cannot be approved. If any **REQUIRED** information is missing, the information **MUST** be obtained before an eligibility determination can be made. Institutions **must not** complete any part of the form for a household.
2. To get the required information, the institution representative may return the form to the household or contact the household either in person, by phone, or in writing. The institution representative must document the details of the contact and date and initial the entry.

Forms missing the signature of an enrollee or an adult household member **MUST** be returned for signature.

3. Every reasonable effort should be made to obtain the missing information prior to determining the form is not eligible.
4. If there are any inconsistencies or questions concerning the required eligibility information provided, the household's application **MUST** be determined as not eligible unless the inconsistencies or questions are resolved. For instance, if it is unclear whether the household provided weekly or monthly income, this issue **MUST** be resolved before an eligibility determination can be made. The institutional representative may contact the household prior to determining the application is not eligible, document for details of the contact, and date and initial the entry.
5. ***Each form must contain the approval signature of the institution representative and date the form was approved to be considered valid.***

***NOTE: If the person who is approving the application has registered his/her signature with the State of Oklahoma, then a stamped signature is permissible.***

6. Effective Date

CACFP institutions have flexibility concerning the effective date of certification for program benefits. The date to be used to make this determination may be either the date the participant or the adult household member signed the income-eligibility form or the date on which the sponsor or independent center official signs the form to certify eligibility of the participant. However, if the date of the participant or adult household member's signature is not within the month of certification or the immediately preceding month, the effective date must be the date of certification. (Reference USDA Memo 01-2015)

D. Foreign Language Translations

Where a significant number or proportion of the population eligible to be served in the institution needs information in a language other than English, institutions **MUST** make reasonable efforts, considering the size and concentration of such population, to send appropriate non-English-speaking household letters or notices and application forms to such households. USDA provides copies of these applications, which include the following languages: Arabic, Cambodian, Chinese (Mandarin), Farsi, French, Greek, Haitian, Hindi, Hmong, Japanese, Korean, Kurdish, Loatian, Polish, Portuguese, Russian, Samoan, Serbo-Croatian, Somali, Spanish, Sudanese, Tagalog, Thai, Urdu, and Vietnamese. Log onto ***<https://www.fns.usda.gov/school-meals/translated-applications>***.

# ELIGIBILITY DEFINITIONS

## Determining Household Size

**Adult Living With Relative or Friends**—A member of the household with whom he or she resides.

**Family Members Living Apart**—Family members not living with the household for an extended period of time are not considered members of the household.

**Household/Economic Unit**—A group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit and who share housing and/or significant income and expenses of its members. Generally, individuals residing in the same house are an economic unit. However, more than one economic unit may reside together in the same house. Separate economic units in the same house are characterized by prorating expenses and maintaining economic independence from one another.

**Military Family Member**—For the purpose of determining household size, deployed service members should be considered as family members living apart on a temporary basis. A school or an institution would instruct families to include the names and only that portion of the deployed service member's income made available by the service member, or on his or her behalf, to the household where the children are staying should be counted as income for eligibility determination purposes.

## Determining Household Income

Income is any money received on a recurring basis, including **GROSS** earned income, unless specifically excluded by legislation. Specifically, gross earned income means all money earned before deductions for employee's income taxes, social security taxes, insurance premiums, bonds, savings programs, and/or other income deductions.

Income includes the following:

**Current Gross Income**—Households **MUST** report current income on a Family-Size and Income Application (FSIA).

**Current Income** means income received by the household. If this income is higher or lower than usual and does not fairly or accurately represent the household's actual circumstances, the household may project its annual rate of income.

**Earnings From Work**—Wages, salaries, tips, commissions, net income from self-owned businesses and farms, strike benefits, unemployment compensation, and worker's compensation.

**Garnisheed Wages and Bankruptcy**—Income is the gross income received by a household before deductions. In the case of garnisheed wages and income ordered to be used in a specified manner, the total gross income **MUST** be considered, regardless of whatever portions are garnisheed or used to pay creditors.

***Income for the Self-Employed***—Self-employed persons may use last year’s income as a basis to project their current year’s net income, unless their current net income provides a more accurate measure. Self-employed persons are credited with net income rather than gross income. Net income for self-employment is determined by subtracting business expenses from gross receipts: (a) Gross receipts include the total income from goods sold or services rendered by the business; (b) Deductible business expenses include the cost of goods purchased, rent, utilities, depreciation charges, wages and salaries paid, and business taxes (not personal, federal, state, or local income taxes); (c) Nondeductible business expenses include the value salable merchandise used by the proprietors of retail businesses; (d) For a household with income from wages and self-employment, each amount ***MUST*** be listed separately. When there is a business loss, income from wages may not be reduced by the amount of the business loss. If income from self-employment is negative, it should be listed as zero income.

***Lump Sum Payments***—When lump sum payments are put into a savings account and the household regularly draws from that account for living expenses, the amount withdrawn is counted as income.

***Military Benefits***—Gross income, including base pay, regular housing allowance (BAH, VHA, BAQ) subsistence (BAS), clothing allowance, hazardous duty, hostile fire, flight pay, incentive, etc., must be included for military families. The only exceptions are as follows:

- (a) *U.S. Armed Forces Family Subsistence Supplemental Allowances (FSSA)*. (Reference All-State Directors’ Memo 2006-CN-10.)
- (b) ***Privatized housing*** refers to the Military Housing Privatization Initiative, a program operating at a number of military installations. This initiative puts the operation of military-owned housing under private contractors. Under this privatization initiative, a housing allowance appears on the leave and earnings statement of service members living in privatized housing. It is important to note that this income exclusion is only for service members living in housing covered under the Military Housing Privatization Initiative. It is not an allowable exclusion for households living off base in the general commercial/private real estate market. (Reference All-State Directors’ Memos 2004-CN-06, 2004-CN-01, 2003-CN-17, 2003-CN-16.)

Additionally, USDA has provided clarification regarding household-size and income determination where both parents are deployed military and their children are staying with friends or relatives. Consistent with the above policy, the children would be counted as part of the household where they are staying; however, both parents would also be included in the household and only the funds provided to the household by the deployed military parents would be included in total household income. (Reference All-State Directors’ Memo 2003-CN-06.)

- (c) *Military Combat Pay*. This exclusion is authorized by the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 2010 (P.L. 111-80; October 21, 2009).

As set forth in the statute, Combat Pay is defined as an additional payment made under Chapter 5 of Title 37 of the United States Code, or as otherwise designated by the Secretary to be

excluded, that is received by the household member who is deployed to a designated combat zone. Combat Pay is excluded if it is:

- Received in addition to the service member's basic pay.
- Received as a result of the service member's deployment to or service in the area that has been designated as a combat zone.

**AND**

- Not received by the service member prior to his or her deployment to or service in the designated combat zone.

A combat zone is any area that the President of the United States designates by Executive Order as an area in which the U.S. Armed Forces are engaging or have engaged in combat. As with other types of income commonly received by military personnel (such as the Basic Allowance for Housing or Basic Allowance for Subsistence payments), Combat Pay received by service members is normally reflected in the entitlements column of the military Leave and Earnings Statement (LES). Information regarding deployment to or service in a combat zone may also be available through military orders or public records on deployment of military units. Deployed service members are considered members of the household for purposes of determining income eligibility for the CNP. (Reference USDA Memo SP-06-2010.)

- (d) The Earned Income Tax Credit (EITC). (Reference All-State Directors' Memo 2003-CN-13.)
- (e) Any payments made under the Agent Orange Compensation Exclusion Act.
- (f) Any payments made or any mandatory salary reduction related to the Veteran's Educational Assistance Act of 1964 (GI Bill).

The exclusion of Combat Pay, as described in P.L. 111-80, is extended to DEIP. DEIP is given to active-duty service members who agree to extend their military service by completing deployment with their units without reenlisting. This exemption applies only until the service members return to their home station. Any additional DEIP payments provided to service members serving at their home station is considered income as they are no longer considered deployed. (Reference USDA Policy Memo SP-06-2011.)

**Other Income**—Net rental income; annuities; net royalties; disability benefits; interest; dividend income; cash withdrawn from savings; income from estates, trusts, and/or investments; regular contributions from persons not living in the household; and any other money that may be available to pay for the children's meals.

**Pensions/Retirements/Social Security**—Pensions, retirement income, social security, supplemental security income (SSI), and veterans' payments.

**Seasonal/Temporary Workers**—Seasonal workers such as migrants and others whose income fluctuates so that they usually earn more money in some months than in other months. In these situations, the household may project its annual rate of income and report this income as its current income. If the prior year's income provides an accurate reflection of the household's current annual rate of income, the prior year may be used as a basis for the projected annual rate of

income.

**Welfare**—Public assistance payments/welfare receipts (General Assistance, General Relief, etc.).

(g) Deployment Extension Incentive Pay (DEIP)

## **Income Exclusions**

Income **NOT** to be reported or counted as income in the determination of a household's eligibility for free or reduced-price benefits includes:

Any cash income or value of benefits a household receives from any federal program that excludes such income by **legislative prohibition**, such as the value of food benefits provided under SNAP.

**LOANS**, such as bank loans, since these funds are only temporarily available and **MUST** be repaid.

The value of **in-kind compensation** such as housing for clergy or any other noncash benefit.

**Occasional earnings** received on an irregular basis; e.g., nonrecurring, such as payment for occasional babysitting or mowing lawns.

Lump sum payments or large cash settlements are not counted as income since they are not received on a regular basis. These funds may be provided as compensation for a loss that **MUST** be replaced, such as payment from an insurance company for fire damage to a house.

Any subsidy that a household receives through the prescription drug discount card program is not considered income. (Reference All-State Directors' Memo 2004-CN-04.)

Earned Income Tax Credit: The federal earned income tax credit may be a refund of taxes withheld, a credit against taxes withheld, or a cash payment in excess of what was withheld. (Reference All-State Directors' Memo 2003-CN-13.)

Payments made under the National Flood Insurance Act of 1968 for flood mitigation activities. (Reference All-State Director's Memo 2006-CN-04.)



**EXAMPLE**  
**Life Long Adult Day Care**  
**565 "O" Street**  
**Happytown, OK 77777**  
**ADULT ONLY**  
**LETTER TO THE HOUSEHOLD**

Dear Guardian:

The Child and Adult Care Food Program (CACFP) offers meal reimbursements to adult day care facilities that provide structured comprehensive services to nonresidential adults who are functionally impaired or aged 60 and older. By completing the attached Family-Size and Income Application (FSIA), the centers will be able to receive reimbursement that is based on the number of enrolled participants who are eligible for free or reduced-price meals.

1. **Do I need to fill out an FSIA for each adult in day care?** You may complete and submit one FSIA for the adults enrolled in day care in your household **ONLY** if they are enrolled in the same center. We cannot approve an FSIA that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed FSIA to: (Name of Center)** Life Long Adult Day Care, **(Address)** 555 "O" Street, **(Phone Number)** 444-0000.
2. **Who can get free meals?** Adults in households getting Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), Social Security Income (SSI), or Medicaid can get free meals. Adults in households participating in Women Infants and Children (WIC) **MAY** be eligible for free meals.
3. **Who can get reduced-price meals?** Adults can get low-cost meals if your household income is within the reduced-price limits on the Income-Eligibility Guidelines (IEG), shown on this application. Adults in households participating in WIC **MAY** be eligible for reduced-price meals.
4. **May I fill out an FSIA if someone in my household is not a United States (U.S.) citizen?** Yes. You or the adult in your care do not have to be U.S. citizens to qualify for meal benefits offered at the center.
5. **Who should I include as members of my household?** You must only include your spouse and your dependents who share income and expenses.
6. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income-Eligibility Guidelines, the adult day care center will receive a higher level of reimbursement. Once properly approved for free or reduced-price benefits, whether through income or by providing a current SNAP or FDPIR case number or an SSI or Medicaid assistance number, you will remain eligible for those benefits for the current fiscal year. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.
7. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
8. **We are in the military; do we include our housing and supplemental allowance as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

This institution is an equal opportunity provider.

If you have other questions or need help, call **(Phone Number)** 444-0000.

Sincerely,

**(Signature)** Gettin Older

## INSTRUCTIONS FOR COMPLETING THE ADULT FAMILY-SIZE AND INCOME APPLICATION

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM *SNAP*, *FDPIR*, *SSI*, OR *MEDICAID*, FOLLOW THESE INSTRUCTIONS:

- Part 1:** a. List all enrolled participants.  
b. List all household members, including enrolled adult participant(s). For each enrolled participant, include his/her age.
- Part 2:** List the case number for any household member receiving *SNAP*, *FDPIR*, *SSI*, or *Medicaid* benefits.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 5:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** a. List all enrolled adult participants.  
b. List all household members, including enrolled adult participant(s) in care. For each enrolled participant, include his/her age. For any person with no income, you must check the *No Income* box.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- **Column A—Name:** List only the first and last name of  *EACH*  person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
  - **Column B—Gross Income and How Often It Was Received:** For each household member who is a spouse or dependent of the participant, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly. In Box 1, list the *gross income*, not the take-home pay. Gross income is the amount earned *BEFORE* taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you. In Box 2, list the amount each person got for the month from welfare, child support, alimony. In Box 3, list retirement, Social Security, Supplemental Security Income (SSI), veteran’s benefits (VA benefits), and disability benefits. In Box 4, list *All Other Income Sources*, including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, or federal education benefits. For *ONLY* the self-employed, under *Earnings From Work*, *report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.*
- Part 4:** Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.
- Part 5:** Answer this question if you choose to

**NONDISCRIMINATION STATEMENT:** This explains what to do if you believe you have been treated unfairly.

**EXAMPLE**  
**ADULT ONLY**  
**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**  
**FAMILY-SIZE AND INCOME APPLICATION (FSIA)**

<b>PART 1. ALL HOUSEHOLD MEMBERS</b>		
a. Name(s) of Adult Participant(s) <i>FLORENCE SCOTT</i>		
b. Names of All Household Members (First, Middle Initial, Last)	Age of Adult Participant(s)	Check If <b>NO</b> Income
<i>FLORENCE SCOTT</i>	94	<input checked="" type="checkbox"/>
<i>FRANK SCOTT</i>		<input checked="" type="checkbox"/>
<i>FELECIA SCOTT</i>		<input type="checkbox"/>

<b>PART 2. BENEFITS</b>	
If any member of your household receives <b>SNAP, FDPIR, SSI, or Medicaid</b> benefits, provide the name and case number for the <b>ONE</b> person who receives benefits. <b>If no one receives these benefits, skip to PART 3.</b>	
NAME: _____ CASE NUMBER: _____	

<b>PART 3. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.</b>				
<b>A. NAME</b> (List only household members with income)	<b>B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED</b>			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
<i>Example: Jane Smith</i>	\$ 200 /weekly	\$ 150 /twice a month	\$ 100 /monthly	\$ _____ / _____
<i>FELECIA SCOTT</i>	\$ 1700 / monthly	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

<b>PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).</b>	
An adult household member must sign this form. <b>If Part 3 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.</b>	
<i>I certify (promise) that all information on this form is true and that all income is reported. I understand that the center or day care home will get federal funds based on the information that I give. I understand that CACFP officials may verify (check) the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits and I may be prosecuted.</i>	
Sign Here: <i>Felecia Scott</i>	Print Name: <i>Felecia Scott</i>
Date: <i>10/4/YYY</i>	
Address: _____	Phone Number: <i>555-6666</i>
City: _____ State: _____	Zip Code: _____
Last four digits of social security number: *** - ** - <u>5</u> <u>5</u> <u>5</u> <u>5</u> <input type="checkbox"/> I do not have a social security number	

<b>PART 5. PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (Optional)</b>			
Choose one ethnicity:		Choose one or more (regardless of ethnicity):	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.					
Annual Income Conversion:		Weekly x 52	Every 2 Weeks x 26	Twice a Month x 24	Monthly x 12
Total Income: <b>1700.00</b>	Per Week:	Every 2 Weeks:	Twice a Month:	Month: <b>X</b>	Year:
Household Size: <b>3</b>					
Categorical Eligibility:		Date Withdrawn:	Eligibility: Free <b>X</b>	Eligibility: Reduced	Eligibility: Denied
Reason:					
Determining Official's Signature: <i>Ima Fishul</i>				Date: <b>10/4/YYYY</b>	

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185 % of Poverty Level	
Household Size	Yearly
1	23,606
2	31,894
3	40,182
4	48,470
5	56,758
6	65,046
7	73,334
8	81,622
Each Additional Person:	8,288

“The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the United States Department of Agriculture (USDA), its agencies, office, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audio-tape, American Sign Language [ASL]) should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

1. Mail: U. S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
2. Fax: 202-690-7442
3. E-Mail: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider

# ADULT DAY CARE RECORD KEEPING

## **INDIVIDUAL PLAN OF CARE**

Adult day care centers shall provide an individual plan of care designed to meet the needs of functionally impaired adults. Such a plan shall provide a variety of health, social, and related support services to each enrolled participant.

# EXAMPLE

## INDIVIDUAL PLAN OF CARE

Adult Day Care Center: Life Long Adult Day Care Fiscal Year: YYY

Participant's Name: Douglas, Steve Current Date: 10/4/YYY

Medical Diagnosis: CRF, CVA, HTN, DM II

Orders: GENERAL DIABETIC, RENAL DIET

Caregiver's/Participant's Expectations: ACTIVITY, SOCIALIZATION, ADL ASSIST

Needs/Goals:

1. Physical: Altered nutrition: High risk for more than body requirements R/T noncompliance with restrictions
2. Cognitive: Altered thought processes R/T physiological changes
3. Social: Impaired social interactions R/T alienation from others 2 depressive behavior
4. Other: Self-care deficit (feeding) R/T decreased interest in caring for own needs

GOAL	RESPONSIBLE STAFF/ DISCIPLINE	STRATEGY	MEASURE	OUTCOME
1	Nursing Dietary Activities Social Services	<ul style="list-style-type: none"> <li>•Serve renal, diabetic diet</li> <li>•Restrict sodium &amp; potassium</li> <li>•Encourage frequent change of position</li> <li>•Encourage chair exercise twice daily</li> </ul>	<ul style="list-style-type: none"> <li>•Will eat &gt;75% renal, diabetic diet</li> <li>•Will assist with repositioning and transfers</li> </ul>	
2	Nursing Activities Social Services	<ul style="list-style-type: none"> <li>•Orient to new surroundings and new faces (introduce self)</li> <li>•Communicate information in short, simple sentences</li> </ul>	<ul style="list-style-type: none"> <li>•Will be oriented X<sup>4</sup></li> </ul>	
3	Nursing Activities Social Services	<ul style="list-style-type: none"> <li>•Provide an individual, supportive relationship</li> </ul>	<ul style="list-style-type: none"> <li>•Will socialize with staff/peers daily</li> </ul>	
4	Nursing	<ul style="list-style-type: none"> <li>•Set up tray and encourage PT to feed self</li> <li>•Assist as needed to complete meal</li> </ul>	<ul style="list-style-type: none"> <li>•Will feed self finger foods</li> </ul>	

## **GROUP PROGRAM**

Adult day care centers shall provide a group program. The comprehensive group program should be community-based, structured, and offer a variety of activities.



# EXAMPLE GROUP PROGRAM

**Adult Day Care Center:** Life Long Adult Day Care

**Month:** NOVEMBER

**Year:** YYY

DAY/DATE	MONDAY, <u>31ST</u>	TUESDAY, <u>1ST</u>	WEDNESDAY, <u>2ND</u>	THURSDAY, <u>3RD</u>	FRIDAY, <u>4TH</u>
9:00	Good Morning Exercise	Good Morning Exercise	Good Morning Exercise	Good Morning Exercise	Good Morning Sing-A-Long
10:00	Circle	Circle	Circle	Country Music	
10:30	Bean Bag	The Price Is Right	Balloon	and the	Pet Therapy
11:00	Toss Game	Game	Volley Ball	Sing-a-Long	Bible Study
12:30	Bible Study	Bible Study	Bible Study	News and Socializing	
1:00	Gospel Piano	Dancing	Hang Man	Bean Bag	Horse Shoes
1:30		Hour	Game	Game	Game
2:00	Snacks and Music	Snacks and Music	Snacks and Music	Snacks and Music	Snacks and Music
2:30	Trivia	Balloon	Trivia	Balloon	Exercise
3:00	Balloon	Volley Ball	Bean Bag	Volley Ball	Circle
3:30	Volley Ball	Trivia	Toss Game	Spelling Bee	Hang Man

DAY/DATE	MONDAY, <u>7TH</u>	TUESDAY, <u>8TH</u>	WEDNESDAY, <u>9TH</u>	THURSDAY, <u>10TH</u>	FRIDAY, <u>11TH</u>
9:00	Good Morning Exercise	Good Morning Exercise	Good Morning Exercise	Good Morning Exercise	Good Morning Exercise
10:00	Circle	Circle	Circle	Country Music	Piano and
10:30	Bean Bag	Horse Shoes	The Price Is Right	and the	Sing-a-Long
11:00	Toss Game	Game	Game	Sing-a-Long	Timber the Dog
12:30	Bible Study	News and Socializing	Bible Study	News and Socializing	Bible Study
1:00	Gospel Piano	Magazine Bingo	Hang Man	Horse Shoe	Balloon
1:30		Game	Game	Game	Volley Ball
2:00	Snacks and Music	Snacks and Music	Snacks and Music	Snacks and Music	Snacks and Music
2:30	Trivia	Bean Bag	Trivia	Hang Man	
3:00	Balloon	Toss	Bean Bag	Game	The D-Jay
3:30	Volley Ball	Game	Toss Game	Spelling Bee	The Price Is Right

## CRAFT ROOM SCHEDULE

Monday: 10 AM Weaving	1 PM Acrylic Painting	Tuesday: 10 AM Ceramics
1 PM Woodworking	Wednesday: 10 AM Ceramics	1 PM Bingo
Thursday: 10 AM Painting	1 PM General Crafts	Friday: 10 AM Weaving
		1 PM Bingo

# ADULT MEAL COUNT WORKSHEET

The Adult Meal Count Worksheet is to be completed at the time of each meal service. An actual physical count must be taken at mealtime. The verified meal count for each meal service is recorded under each of the following categories of meals served.

Meals Served to Program Participants Are:

- Meals meeting minimum meal pattern requirements.
- Meals served to participants enrolled for care in the center.

Number Nonclaimable Meals Served. The Child and Adult Care Food Program (CACFP) must be reimbursed for any nonclaimable meals served. This income must be reported on the Expenditure/Reimbursement Worksheet:

- Meals over license capacity.
- Meals not meeting meal pattern requirements.
- Nonprogram adult meals and contract meals.
- Any meals over the three meals per participant per day limit.

For the shifts at breakfast, lunch, and/or supper meals, record the first shift number, then a slash mark, then the second shift number, or maintain a meal count worksheet for each shift unit.

**EXAMPLE**  
**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**  
**ADULT MEAL COUNT WORKSHEET**

Agreement Number: AD- 55-999 Month: OCTOBER 20 YY  
 (To be maintained at institutions with CACFP records.)

DATE	NUMBER MEALS SERVED PROGRAM PARTICIPANTS				NUMBER NONCLAIMABLE MEALS SERVED*			
	Breakfast	Lunch	Supper	Supplement	Breakfast	Lunch	Supper	Supplement
1								
2								
3	7	9		9		1		
4	7	9		9				
5	5	7		7				
6	5	7		6		1		
7	6	8		6		1		
8								
9								
10	6	8		8		1		
11	6	8		8		1		
12	6	8		8		1		
13	6	8		8		1		
14	6	8		8				
15								
16								
17	5	7		7		1		
18	5	7		7				
19	4	6		6		1		
20	3	5		5		1		
21	4	6		6		1		
22								
23								
24	4	6		6		1		
25	4	6		6				
26	5	7		7				
27	5	7		7				
28								
29								
30								
31								
<b>TOTALS</b>	<b>113</b>	<b>153</b>		<b>150</b>		<b>13</b>		

\* Any nonclaimable or nonprogram meals must have income reported on the Expenditure/Reimbursement Worksheet and/or the center's summary of allowable costs.

# Notes

# **ADULT DAY CARE MENU PLANNING AND MENU AS SERVED**

## Offer vs Serve in the Adult Food Care Program

If your site serves meals to adult participants in the Child and Adult Care Food Program (CACFP), you may use a type of meal service called Offer vs Serve (OVS). OVS allows adults to decline some of the food offered in a reimbursable breakfast, lunch, or supper. OVS may not be used at snacks or in other CACFP settings. OVS can help reduce food waste and give adults more choices.

How to use Offer vs Serve at Meals:

OVS at Breakfast	OVS at Lunch and Supper
<p>1. Offer these 3 <b>food components</b>:</p> <ul style="list-style-type: none"><li>- Milk</li><li>- Vegetables and/or Fruits</li><li>- Grains</li></ul> <p>2. Offer at least 4 different <b>food items</b> at breakfast, at least 1 from each <b>food component</b> above. The 4th food item can come from the vegetables or fruits, grains, or meat/meat alternate component</p> <p>3. Ask the adult to <b>choose at least 3</b> different or more food co..</p> <p>Note: The 4th food items can be selected as well.</p>	<p>1. Offer these 5 <b>food components</b>:</p> <ul style="list-style-type: none"><li>- Milk</li><li>- Vegetables</li><li>- Fruits</li><li>- Grains</li><li>- Meat and meat alternates</li></ul> <p>2. Offer at least one <b>food item</b> from each <b>food component</b> above.</p> <p>3. Ask the adult to <b>choose food items</b> from <b>3 or more food components</b>.</p> <p>Note: The adult can select food from all components. Foods from <b>at least 3 components</b> are needed for a reimbursable meal.</p>

Milk is optional at supper. If milk is not offered, the adult still needs to select food items from 3 different food components to have a reimbursable meal.

### Terms to know:

- **Food component** - the name of a group of foods in a reimbursable meal. **Food components** include milk, vegetables, fruits, grains, and meat and meat alternates. At breakfast only, vegetables and fruits are one combined component. This means you can serve vegetables, fruits, or a combination of both to meet this requirement.
- **Food item** - food that are part of a **food component**. For example, broccoli is a **food item** in the vegetables food component.

## ADULT MEAL PATTERN

Breakfast	
Food Components and Food Items <sup>1</sup>	Minimum Quantities
Fluid Milk <sup>2</sup>	8 fluid ounces
Vegetables, fruits, or portions of both <sup>3</sup>	1/2 cup
Grains (oz eq) <sup>4,5,6</sup>	
Whole grain-rich or enriched bread	2 slices
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	2 servings
Whole grain-rich, enriched, or fortified cooked breakfast cereal <sup>7</sup> , cereal grain, and/or pasta	1 cup
Whole grain-rich, enriched, or fortified ready-to-eat breakfast cereal (dry, cold) <sup>7,8</sup>	
Flakes or rounds	2 cups
Puffed cereal	2 1/2 cups
Granola	1/2 cup

<sup>1</sup> Must serve three components for a reimbursable meal. Offer versus Serve (OvS) is an option for adult participants.

<sup>2</sup> Must be unflavored lowfat (1 percent), unflavored fat-free (skim), flavored fat-free (skim), or lowfat (1 percent) milk. Six ounces (weight) or 3/4 cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

<sup>3</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

<sup>4</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the grains requirement.

<sup>5</sup> Meat and meat requirements may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains.

<sup>6</sup> Beginning October 1, 2021, ounce equivalents (oz eq) are used to determine the quantity of creditable grains.

<sup>7</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams of sucrose and other sugars per 100 grams of dry cereal).

<sup>8</sup> Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is 1 1/2 cups for adults.

## ADULT MEAL PATTERN

Lunch/Supper	
Food Components and Food Items <sup>1</sup>	Minimum Quantities
<b>Fluid Milk<sup>2,3</sup></b>	8 fluid ounces
<b>Meat/Meat Alternates</b>	
Lean meat, poultry, or fish	2 ounces
Tofu, soy product, or alternate protein product <sup>4</sup>	2 ounces
Cheese	2 ounces
Large egg	1
Cooked dry beans or peas	1/2 cup
Peanut butter or soy nut butter or another nut or seed butter	4 Tbsp
Yogurt, plain or flavored, sweetened or unsweetened <sup>5</sup>	8 ounces or 1 cup
The following may be used to meet no more than 50 percent of the requirement: Peanuts, soy nuts, tree nuts, or seeds as listed in Program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounce of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	1 ounce = 50 percent
<b>Vegetables<sup>6</sup></b>	1/2 cup
<b>Fruits<sup>6,7</sup></b>	1/2 cup
<b>Grains (oz eq)<sup>8,9</sup></b>	
Whole grain-rich or enriched bread	2 slices
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	2 servings
Whole grain-rich, enriched, or fortified cooked breakfast cereal <sup>10</sup> , cereal grain, and/or pasta	1 cup

<sup>1</sup> Must serve all five components for a reimbursable meal if not doing Offer versus Serve (OvS) .

<sup>2</sup> Must be unflavored lowfat (1 percent), unflavored fat-free (skim), flavored fat-free (skim), or lowfat (1 percent) milk. Six ounces (weight) or 3/4 cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

<sup>3</sup> A serving of fluid milk is optional for suppers served to adult participants.

<sup>4</sup> Alternate protein products must meet the requirements.

<sup>5</sup> Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

<sup>6</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

<sup>7</sup> A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be used.

<sup>8</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the grains requirement.

<sup>9</sup> Beginning October 1, 2021, ounce equivalents (oz eq) are used to determine the quantity of creditable grains.

<sup>10</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams of sucrose and other sugars per 100 grams of dry cereal).



## ADULT MEAL PATTERN

<b>Snack</b> <b>(Select two of the five components for a reimbursable meal)</b>	
<b>Food Components and Food Items<sup>1</sup></b>	<b>Minimum Quantities</b>
<b>Fluid Milk<sup>2</sup></b>	8 fluid ounces
<b>Meat/Meat Alternates</b>	
Lean meat, poultry, or fish	1 ounce
Tofu, soy product, or alternate protein product <sup>3</sup>	1 ounce
Cheese	1 ounce
Large egg	1/2
Cooked dry beans or peas	1/4 cup
Peanut butter or soy nut butter or another nut or seed butter	2 Tbsp
Yogurt, plain or flavored, sweetened or unsweetened <sup>4</sup>	4 ounces or 1/2 cup
Peanuts, soy nuts, tree nuts, or seeds	1 ounce
<b>Vegetables<sup>5</sup></b>	1/2 cup
<b>Fruits<sup>5</sup></b>	1/2 cup
<b>Grains (oz eq)<sup>6,7</sup></b>	
Whole grain-rich or enriched bread	1 slice
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	1 serving
Whole grain-rich, enriched, or fortified cooked breakfast cereal <sup>8</sup> , cereal grain, and/or pasta	1/2 cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) <sup>8,9</sup>	
Flakes or rounds	1 cup
Puffed cereal	1 1/4 cups
Granola	1/4 cup

<sup>1</sup> Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.

<sup>2</sup> Must be unflavored lowfat (1 percent), unflavored fat-free (skim), flavored fat-free (skim) milk, or lowfat (1 percent) milk. Six ounces (weight) or 3/4 cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

<sup>3</sup> Alternate protein products must meet the requirements.

<sup>4</sup> Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

<sup>5</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

<sup>6</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the grains requirement.

<sup>7</sup> Beginning October 1, 2021, ounce equivalents (oz eq) are used to determine the quantity of creditable grains. Grain-based desserts do not count toward meeting the grains requirement.

<sup>8</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams of sucrose and other sugars per 100 grams of dry cereal).

<sup>9</sup> Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is 1 1/2 cups for adults.

# HOW TO CALCULATE NUMBER OF ADULT SERVINGS

Before determining the quantity of food to purchase or prepare, it is necessary to first calculate the amount of food or number of servings required.

**Step 1:** Determine the number of participants who normally eat in each meal service. You may use the Meal Count Worksheet to assist in determining the average counts. The Minimum Meal Pattern Requirements chart may also need to be referenced.

**Step 2:** For each component, multiply the number of participants by the minimum quantity requirement:

- For the approved fluid milk type, use the number of fluid ounces.
- For grains/breads, use the number of grains/breads servings.
- For fruits/vegetables, use the number of 1/2-cup servings.
- For meat/meat alternates, use the number of 2-ounce servings required.

**Step 3:** Total the quantities for each component.

The quantities per meal component can now be used with the Child and Adult Care Food Program (CACFP) *Food-Buying Guide* to determine the amount of food to purchase and prepare to meet meal pattern requirements.

# EXAMPLE BREAKFAST HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED

Adults Present: 7

Number of Adults Served					
MILK					
Adults	7	X	8 fluid ounces	=	<b>56</b>
					<b>Total Number of Fluid Ounces Needed</b>
There are 128 ounces of milk in one gallon. 56 total fluid ounces needed ÷ 43 gallons or 1/2 gallon needed					

FRUIT/VEGETABLE/JUICE					
Adults	7	X	2 (1/4 cup)	=	<b>14</b>
					<b>Total Number of 1/4 Cups Needed</b>

MEAT/MEAT ALTERNATE (Optional)					
Adults	7	X	2.0 ounces	=	<b>14</b>
					<b>Total Ounces Needed</b>

GRAINS					
Adults	7	X	2 servings	=	<b>14</b>
					<b>Total Servings Needed</b>

# EXAMPLE

## LUNCH AND SUPPER\*

### HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED

Adults Present: 9

<b>Number of Adults Served</b>					
<b>MILK*</b>					
Adults	<b>9</b>	X	8 fluid ounces	=	<b>72</b>
					<b>Total Number of Fluid Ounces Needed</b>
There are 128 ounces of milk in one gallon. 72 total fluid ounces needed ÷ 128 ounces per gallon = .56 gallon or 3/4 gallon needed					
<b>VEGETABLE</b>					
Adults	<b>9</b>	X	2 (1/4 cup)	=	<b>18</b>
					<b>Total Number of 1/4 Cups Needed</b>
<b>FRUIT</b>					
Adults	<b>9</b>	X	2 (1/4 cup)	=	<b>18</b>
					<b>Total Number of 1/4 Cups Needed</b>
<b>MEAT/MEAT ALTERNATE</b>					
Adults	<b>9</b>	X	2.0 ounces	=	<b>18</b>
					<b>Total Ounces Needed</b>
<b>GRAINS</b>					
Adults	<b>9</b>	X	2 servings	=	<b>18</b>
					<b>Total Servings Needed</b>

\*Milk is not a required component at supper.

# EXAMPLE SNACK

## HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED

(Choose two of the five food components)

Adults Present: 9

<b>Number of Adults Served</b>					
<b>MILK</b>					
Adults		X	8 fluid ounces	=	
					<b>Total Number of Fluid Ounces Needed</b>
There are 128 ounces of milk in one gallon. 72 total fluid ounces needed ÷ 128 ounces per gallon = .56 gallon or 3/4 gallon needed					
<b>VEGETABLE</b>					
Adults	<b>9</b>	X	2 (1/4 cup)	=	<b>18</b>
					<b>Total Number of 1/4 Cups Needed</b>
<b>FRUIT</b>					
Adults	<b>9</b>	X	2 (1/4 cup)	=	<b>18</b>
					<b>Total Number of 1/4 Cups Needed</b>
<b>MEAT/MEAT ALTERNATE</b>					
Adults		X	1.0 ounce	=	
					<b>Total Ounces Needed</b>
<b>GRAINS</b>					
Adults	<b>9</b>	X	1 servings	=	<b>9</b>
					<b>Total Servings Needed</b>

## ADULT FOOD PRODUCTION RECORDS/ MENUS AS SERVED

The food production record is to begin on October 1 of each fiscal year and end on September 30. Make copies of the *Menus as Served* original on **page 366** for your records.

All meal services offered each day are recorded on the same page. In addition, it is required that the following information be recorded:

- Indicate whether this form is being used for regular or At-Risk meals by checking the appropriate box
- Comments Box—Note any comments or special dietary needs
- Date of meal service
- Meal counts of—
  - \* Total participants served
  - \* Program adults served
- Menu as served
- Food item(s) credited toward each required meal component (Be specific as to the form of food; i.e., fresh, frozen, cooked, deboned)
- Check the WG (whole grain) box that denotes which meal the WG product was served for the day.
- Be specific in the variety of milk served.
- Quantity of each food item served (Be specific as to can size, number of pounds or ounces, etc.)

***The Food Production Records/Menus as Served must be completed on a daily basis. In addition, records must be kept on-site at all times.***

This record is the institution's documentation that meals claimed for reimbursement met minimum meal pattern requirements.

As with all other record-keeping forms provided by the State Agency, the Food Production Records/Menus as Served Book is a prototype management tool. If an institution has a food production record-keeping system that is equal to or better than the one provided, it may be used. Contact your area coordinator for review of the alternate form prior to using.

***NOTE: A facility must provide all required food components under the minimum meal pattern requirements in order to claim the meal for reimbursement unless supported by a medical statement stating otherwise.***

# EXAMPLE MENUS AS SERVED

☒ Regular Meals  
☐ At-Risk Meals

**Comments/Special Dietary Needs:**

**Date:** 10/4/YYYY

MEAL TYPE	MENU	QTY SERVED: MEAT/MEAT ALTERNATE	QTY SERVED: GRAINS	QTY SERVED: VEGETABLE/ JUICE	QTY SERVED: FRUIT/JUICE	QTY SERVED: MILK
<b>BREAKFAST</b> Total participants served: 24  Program Adults: ____	Cornflakes Toast Bananas Milk		WG <input type="checkbox"/>  1 32-oz box corn- flakes 24 1-oz slices bread		7# bananas, un- peeled	1 gallon lowfat white
<b>AM SNACK</b> Total participants served: ____  Program Adults: ____			WG <input type="checkbox"/>			
<b>LUNCH</b> Total participants served: 24  Program Adults: __0__	Spaghetti sauce w/ ground beef Spaghetti noodles Green beans Peaches Bread sticks Milk	5# 20% fat ground beef	WG <input checked="" type="checkbox"/>  Spaghetti noodles 2 1/2# 24 1-oz bread sticks	Green beans, 2 #10 cans, cut, drained, heated Spaghetti sauce, 1 #10 can, meatless	Peaches, freestone, sliced, 2 #10 cans	3/4 gallon lowfat white
<b>PM SNACK</b> Total participants served: 30  Program Adults: __0__	Savory crackers Orange juice		WG <input type="checkbox"/>  2/1-lb boxes savory crackers		1 gallon orange juice	
<b>SUPPER</b> Total participants served: ____  Program Adults: ____			WG <input type="checkbox"/>			
<b>LATE PM SNACK</b> Total participants served: ____  Program Adults: ____			WG <input type="checkbox"/>			

# REVIEW OPTIONS

Sponsors are required to monitor food service operations of facilities under their administration annually. New facilities must have their first review during the first four weeks of operation. Each review must include a meal analysis where enrollees are present and a five-day reconciliation of records. If a facility is found to be seriously deficient, the next review conducted must be an unannounced follow-up review. This review does not count toward the required reviews.

## MONITOR REVIEWS

An SO must review food service operations at each facility. The USDA requires that multisited institutions include the following when fulfilling their monitoring responsibilities:

1. New adult care centers must have a review conducted during the first four weeks of program operations.
2. Each adult care facility must be reviewed at least three times each year by the SO, with not more than six months elapsing between reviews.
3. There are two different methods in which a sponsor may conduct reviews to comply with USDA requirements:
  - a. Conduct one announced and two unannounced reviews of program operations to assess compliance with meal patterns, record keeping, and other requirements, with not more than six months elapsing between reviews. All reviews must be documented and kept on file.
  - b. An SO may do **review averaging** by conducting an average of three reviews per provider per year. If an SO conducts one unannounced review\* of a facility in a year and finds no serious deficiencies, the SO may choose not to conduct a third review of the facility that year and may make its second review announced, provided that the SO conducts an average of three reviews of all of its facilities that year and that it conducts an average of two unannounced reviews of all of its facilities that year. When the SO uses this averaging provision and a specific facility receives two reviews in one review year, the first review in the next review year must occur no more than nine months after the previous review. If choosing this method, not more than nine months can elapse between reviews and all seriously deficient providers must have at least three reviews per year. If **review averaging** is selected, the SO must have a written plan with detailed procedures for tracking reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.
  - c. All reviews shall include, at a minimum:
    - CACFP meal patterns
    - Licensing or approval
    - Participation or attendance at sponsor training
    - Meal counts
    - Corrected problems from previous reviews
    - Five-day reconciliation
4. Maintain on file at the SO's office all reports pertaining to the above areas of responsibility. Conduct annual training sessions, maintaining documentation as well as topics presented and names of participants.



# ADULT MULTISITED PREAPPROVAL VISIT FORM

## INSTRUCTIONS

### Preapproval Visits

Sponsors are required to conduct an on-site preapproval visit of each new facility prior to the beginning of CACFP operations. These reviews must be documented and kept on file.

Facility Name: Record the facility name.

Facility Address: Record the address of the facility.

Facility Agrees to Comply: Check all boxes in Numbers 1 through 12 if the facility agrees to comply.

Comments: Make comments as needed.

Approval Recommended: Check *Yes* or *No*.

Facility Representative's Signature and Date:  
The representative of the facility must sign and date the Preapproval Visit Form.

Sponsoring Organization Representative's Signature and Date:  
The SO's representative who made the preapproval visit must sign and date the Preapproval Visit Form.

# *EXAMPLE*

## ADULT MULTISITED PREAPPROVAL VISIT FORM

Center Name: Live Longer Adult Day Care

Center Address: 556 Pebble Street, Oklahoma City, OK 73123

The following items were discussed and reviewed:		Center Agrees to Comply
1. Current license posted (if applicable)	1.	X
2. Civil rights compliance (poster, complaint procedure)	2.	X
3. Family-Size and Income Application (FSIA)	3.	
a. Obtained on enrollee	a.	X
b. Approved by institution official	b.	X
4. Monthly count by category/roster sheet maintained	4.	X
5. Daily attendance records maintained	5.	X
6. Meal Count Worksheet (Meal Counts)	6.	X
7. Itemized receipts/invoices properly maintained	7.	
a. Food-Purchasing Form	a.	X
b. Signature of purchaser	b.	X
8. Inventory up-to-date (recommended)	8.	X
9. Food-Production Records/Menus as Served Book maintained accurately (up-to-date)	9.	X
10. Meal patterns	10.	
a. Minimum meal pattern requirements (components and quantities)	a.	X
b. Meal limitation/time frame	b.	X
c. Child Nutrition (CN) Labels/Product Formulation Statement	c.	X
d. Special dietary needs	d.	X
11. Sanitation and safety	11.	X
12. Food preparation area adequate for meals served	12.	X

Comments: Center requested assistance in nutrition ideas for disabled enrollees.

Approval Recommended:      Yes ☒    No ☐

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

Gettin Older  
Center Representative's Signature

10/4/YYYY  
Date

Ima Fishul  
Sponsoring Organization Representative's Signature

10/4/YYYY  
Date

# ADULT ON-SITE MONITOR REVIEW FORM

## INSTRUCTIONS

1. Reviewer: Record the name(s) of the reviewer(s) or monitor(s).
  2. Facility's Name: Record the facility's name.
  3. Facility's Address: Record the facility's address.
  4. Unannounced or Announced: Indicate if the review is unannounced or announced.
  5. Institution Agreement Number: Record the institution's agreement number.
  6. Date of Visit: Record the date of the monitor visit.
  7. Time of Visit: Record the time of arrival at this site.
  8. Review: Circle the appropriate answer to identify which review is being conducted (1, 2, 3, weekend, or follow-up).
  9. New Site: Indicate if this is a new site's initial review.
- Items A-D Read each statement, and answer each item accordingly.
- Items E-H Read each statement, and answer each item accordingly.
- Item I Food Service/M meal Observation—Read each statement, and answer accordingly.
- Item J Meal Analysis  
Meal Observed—Circle the appropriate meal that is being observed.  
  
Time Served—Record the time the meal was actually served.  
  
Components and Quantities—In the appropriate box, record the food item, quantity served, amount needed, and the difference in the amount needed and the amount served. (Be specific.)
- em K Review Summary  
  
Record all areas that require corrective action. Make appropriate comments and recommendations.
- Item L Facility Is in Compliance/Noncompliance  
  
Check the appropriate box.

Follow-Up Visit:

Circle **Yes** if a follow-up is required, as per the sponsor's policy, to view that corrective action has taken place. If the answer is **Yes**, then documentation must be available to show that a follow-up visit was made. **NOTE: A follow-up visit does not count as a second monitor review. The follow-up visit must be unannounced. Circle No if no areas of noncompliance have been noted. A follow-up visit is not necessary.**

Facility Signature and Date:

The facility representative must sign and date the Monitor Review form.

Reviewer Signature and Date:

The reviewer must sign and date the Monitor Review form.

**EXAMPLE**  
**ADULT ON-SITE MONITOR REVIEW FORM**

1. Reviewer: Ima Fishul  
 2. Facility: Life Long Adult Day Care  
 3. Facility's Address: 555 Stone Street  
 4. Unannounced Review ☐ Announced Review ☒

5. Institution Agreement Number: AD-99-999  
 6. Date of Visit: 10/28/YYYY  
 7. Time of Visit: 10 AM  
 8. Review: ① 2 3 Weekend Follow-Up  
 9. New Site Initial Review: Yes ☐ No ☐

		YES/ NO/NA
<b>A. License (if applicable)</b>		
1. Current license/permit	1.	Yes
2. Capacity: <u>35</u>		
3. Center meets licensing standards	3.	Yes
<b>B. Record Keeping</b>		
1. Family-Size and Income Application	1.	Yes
2. Monthly categorical counts/CACFP Roster maintained and verified by attendance records	2.	Yes
3. Daily attendance/arrival/departure records up-to-date	3.	Yes
4. Sponsoring organization (SO) notified of enrollment changes	4.	Yes
5. Food-Purchasing Form/Itemized Receipts	5.	Yes
6. Expenditure/Reimbursement Worksheet	6.	Yes
7. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period? (See form below)	7.	Yes
8. Individual plan of care is on file for each adult participant	8.	Yes
9. Adult care facility has a group program	9.	Yes

		YES/ NO/NA
<b>C. Meal Counts</b>		
1. Physical point of service count taken	1.	Yes
2. Counts separated by shifts	2.	Yes
3. Counts within license capacity	3.	Yes
4. Meal service times as approved	4.	Yes
5. Meal Count Worksheet maintained	5.	Yes
<b>D. Storage</b>		
1. Adequate space	1.	Yes
2. Chemicals and medicines in separate location	2.	Yes
3. No rusted, dented, or unlabeled containers	3.	Yes
4. Stored food items off floor and away from walls and participants	4.	Yes
5. Proper temperature and ventilation	5.	Yes
6. Thermometers in freezers and refrigerators Refrigerator temperature: <u>41°</u> Freezer temperature: <u>0°</u>	6.	Yes
7. Refrigerators and freezers defrosted	7.	Yes
8. Open cardboard boxes discarded	8.	Yes
9. Commodity foods dated	9.	Yes
10. Commodity temperature logs maintained	10.	Yes

DATE	# ENROLL-MENT	# IN ATTEN-DANCE	# BREAKFAST	# AM	# LUNCH	# PM	# SUPPER	RECON-CILED YES/NO
10/5	30	25	25		25	25		Yes
10/6	30	30	30		30	30		Yes
10/7	30	27	27		27	27		Yes
10/8	30	25	25		25	25		Yes
10/9	30	28	28		28	28		Yes

		YES/ NO/NA
<b>E. Sanitation and Safety</b>		
1. Trash cans covered	1.	Yes
2. Clean kitchen (floors, cupboards, pest-free)	2.	Yes
3. Clean equipment	3.	Yes
4. Dining surfaces and countertops sanitized	4.	Yes
5. Proper method of dishwashing	5.	Yes
6. Effective hair restraint	6.	Yes
7. Proper handwashing technique	7.	Yes
8. Proper grooming and hygiene	8.	Yes
9. Participants are in a safe environment and not in imminent danger	9.	Yes
10. Food-handling procedures (thawing, time, temperature, transportation)	10.	Yes
11. Leftovers properly stored	11.	Yes
12. Only authorized persons in kitchen	12.	Yes
13. Medications properly stored	13.	Yes
<b>F. Food Production</b>		
1. Food Production Records/Menus as Served Book complete and up-to-date	1.	Yes
2. All components served	2.	Yes
3. Sufficient quantities served	3.	Yes
4. Statement from recognized medical authority on file for substitutions due to medical reasons	4.	Yes
5. Child Nutrition (CN) Label or Product Formulation Statement available	5.	Yes
6. Procedure used for controlling the ordering and delivery of contract meals	6.	Yes

		YES/ NO/NA
<b>G. Civil Rights Compliance</b>		
1. . . . <i>And Justice for All</i> poster	1.	Yes
2. Complaint-filing procedure	2.	Yes
3. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service	3.	Yes
<b>H. Training</b>		
1. CACFP training by sponsor for all facility staff	1.	Yes
2. CACFP training by sponsor for all volunteers	2.	Yes

		YES/ NO/NA
<b>I. Food Service/M meal Observation</b>		
1. Method of production <u>Self-Prep</u>		
2. Meal service times as approved	2.	Yes
3. Adequate space for dining	3.	Yes
4. Program adults served the same meal as participants	4.	Yes
5. All components served	5.	Yes
6. Required quantities served	6.	Yes
7. Method of production and quality of food	7.	Yes
8. If milk is offered, is it fat-free or 1%?	8.	Yes
9. Meal supervision provided	9.	Yes
10. Adequate time for eating	10.	Yes
11. Special dietary needs documentation available	11.	Yes
12. Current Product Formulation/Child Nutrition (CN) Label on file and available at time of the review	12.	Yes
13. Is further training needed?	13.	Yes
14. Observed Offer versus Serve being supplemented	14.	Yes
15. Is water offered throughout the day?	15.	Yes
16. Is deep-fat frying occurring?	16.	No

<b>J. Meal Analysis</b>						
<b>Meal Observed:</b>	Breakfast	AM Snack	<u>Lunch</u>	PM Snack	Supper	Late PM Snack
<b>Time Served:</b>	<u>11:30 AM</u>					

Total Meals Served	Nonclaimable Meals Served	Comments
24	0	

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk/Yogurt	Milk	1/2 gallon, 1% unflavored = 64 oz		0
Vegetable/Juice	Green beans Spaghetti sauce	2 #10 cans cut green green beans – 45.3 (1/4 cups) spaghetti sauce, meat- less – 1 #10 can – 47.9 (1/4 cups) Total – 93.2 (1/4 cups)	24 x 2 (1/4 cups) = 48 (1/4 cups)	93.2 - 48 = +45.2 (1/4 cups)
Fruit/Juice	Peaches	peaches, 1 #10 can, sliced = 50 (1/4 cups)	24 x 2 (1/4 cups) = 48 (1/4 cups)	50 - 48 = + 2 (1/4 cups)
Grains	Spaghetti	spaghetti noodles, 2 1/2# = 26.5 (1/2 cup servings) 24 – 1-oz bread sticks	24 x 2 = 48 servings	50.5 - 48 = +2.5 servings
Meat/Meat Alternate	Ground beef – 80/20	5# ground beef = 59 (1-oz servings)	24 x 2 = 48 oz	59 - 48 = +11 oz

### EXAMPLE

<b>K. Review Summary</b>
Corrective Action Needed, Recommendations, and Comments:

L. Facility Is:		In Compliance <input checked="checked" type="checkbox"/>	In Noncompliance <input type="checkbox"/>
Were problems noted in previous review corrected?	Yes	No	NA
Is a follow-up review required to view corrective action?	Yes	No	

We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed.

**GETTIN OLDER**  
(Facility Representative's Signature)

10/28/YYY  
(Date)

*IMA FISHUL*

---

(Sponsoring Organization Monitor's Signature)

10/28/YYYY  
(Date)



# ADULT DAY CARE INSTITUTIONS ORIGINALS

**ADULT**  
**LETTER TO THE HOUSEHOLD**

Dear Guardian:

The Child and Adult Care Food Program (CACFP) offers meal reimbursements to adult day care facilities that provide structured comprehensive services to nonresidential adults who are functionally impaired or aged 60 and older. By completing the attached Family-Size and Income Application (FSIA), the centers will be able to receive reimbursement that is based on the number of enrolled participants who are eligible for free or reduced-price meals.

1. **Do I need to fill out an FSIA for each adult in day care?** You may complete and submit one FSIA for the adults enrolled in day care in your household **ONLY** if they are enrolled in the same center. We cannot approve an FSIA that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed FSIA to:** (Name of Center) \_\_\_\_\_, (Address) \_\_\_\_\_, (Phone Number) \_\_\_\_\_.
2. **Who can get free meals?** Adults in households getting Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), Social Security Income (SSI), or Medicaid can get free meals. Adults in households participating in Women Infants and Children (WIC) **MAY** be eligible for free meals.
3. **Who can get reduced-price meals?** Adults can get low-cost meals if your household income is within the reduced-price limits on the Income-Eligibility Guidelines, shown on this application. Adults in households participating in WIC **MAY** be eligible for reduced-price meals.
4. **May I fill out an FSIA if someone in my household is not a United States (U.S.) citizen?** Yes. You or the adult in your care do not have to be U.S. citizens to qualify for meal benefits offered at the center.
5. **Who should I include as members of my household?** You must only include your spouse and your dependents who share income and expenses.
6. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income-Eligibility Guidelines, the adult day care center will receive a higher level of reimbursement. Once properly approved for free or reduced-price benefits, whether through income or by providing a current SNAP or FDPIR case number or an SSI or Medicaid assistance number, you will remain eligible for those benefits for the current fiscal year. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.
7. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
8. **We are in the military; do we include our housing and supplemental allowance as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

This institution is an equal opportunity provider.

If you have other questions or need help, call (Phone Number) \_\_\_\_\_.

Sincerely,

(Signature) \_\_\_\_\_

## ADULT FAMILY-SIZE AND INCOME APPLICATION (FSIA)

PART 1. ALL HOUSEHOLD MEMBERS		
a. Name(s) of Adult Participant(s)		
b. Names of All Household Members (First, Middle Initial, Last)	Age of Adult Participant(s)	Check If <b>NO</b> Income
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

PART 2. BENEFITS	
<p>If any member of your household receives <b>SNAP, FDPIR, SSI, or Medicaid</b> benefits, provide the name and case number for the <b>ONE</b> person who receives benefits. <b>If no one receives these benefits, skip to PART 3.</b></p>	
NAME: _____	CASE NUMBER: _____

PART 3. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.				
A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
<i>Example: Jane Smith</i>	\$ <u>200</u> / <u>weekly</u>	\$ <u>150</u> / <u>twice a month</u>	\$ <u>100</u> / <u>monthly</u>	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).		
<p>An adult household member must sign this form. <b>If Part 3 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.</b></p> <p><i>I certify (promise) that all information on this form is true and that all income is reported. I understand that the center or day care home will get federal funds based on the information that I give. I understand that CACFP officials may verify (check) the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits and I may be prosecuted.</i></p>		
Sign Here:	Print Name:	
Date:		
Address:	Phone Number:	
City:	State:	Zip Code:

Last four digits of social security number: ***-**-____	<input type="checkbox"/> I do not have a social security number
---	---

PART 5. PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (Optional)			
Choose one ethnicity:		Choose one or more (regardless of ethnicity):	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.					
Annual Income Conversion:		Weekly x 52	Every 2 Weeks x 26	Twice a Month x 24	Monthly x 12
Total Income:	Per Week:	Every 2 Weeks:	Twice a Month:	Month:	Year:
Household Size:					
Categorical Eligibility:		Date Withdrawn:	Eligibility: Free	Eligibility: Reduced	Eligibility: Denied
Reason:					
Determining Official's Signature:				Date:	

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185 % of Poverty Level	
Household Size	Yearly
1	23,606
2	31,894
3	40,182
4	48,470
5	56,758
6	65,046
7	73,334
8	81,622
Each Additional Person:	8,288

“The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the United States Department of Agriculture (USDA), its agencies, office, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audio-tape, American Sign Language [ASL]) should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

1. Mail: U. S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
2. Fax: 202-690-7442
3. E-Mail: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

## INSTRUCTIONS FOR COMPLETING THE ADULT FAMILY-SIZE AND INCOME APPLICATION

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM *SNAP*, *FDPIR*, *SSI*, OR *MEDICAID*, FOLLOW THESE INSTRUCTIONS:

- Part 1:** a. List all enrolled participants.  
b. List all household members, including enrolled adult participant(s). For each enrolled participant, include his/her age.
- Part 2:** List the case number for any household member receiving *SNAP*, *FDPIR*, *SSI*, or *Medicaid* benefits.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 5:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** a. List all enrolled adult participants.  
b. List all household members, including enrolled adult participant(s) in care. For each enrolled participant, include his/her age. For any person with no income, you must check the *No Income* box.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- **Column A—Name:** List only the first and last name of  *EACH*  person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
  - **Column B—Gross income and How Often It Was Received:** For each household member who is a spouse or dependent of the participant, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly. In Box 1, list the *gross income*, not the take-home pay. Gross income is the amount earned *BEFORE* taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you. In Box 2, list the amount each person got for the month from welfare, child support, alimony. In Box 3, list retirement, Social Security, Supplemental Security Income (SSI), veteran's benefits (VA benefits), and disability benefits. In Box 4, list *All Other Income Sources*, including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, or federal education benefits. For *ONLY* the self-employed, under *Earnings From Work*, *report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.*
- Part 4:** Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.
- Part 5:** Answer this question if you choose to.

**NONDISCRIMINATION STATEMENT:** This explains what to do if you believe you have been treated unfairly.

**INCOME-ELIGIBILITY GUIDELINES FOR FISCAL YEAR 2021  
FOR *FREE* AND *REDUCED-PRICE* MEALS**

This is the income scale used by \_\_\_\_\_  
(Sponsor/Center)  
to determine eligibility for free meals.

*(The Free Scale Should Not Be Distributed to Families)*

<b>ELIGIBILITY SCALE FOR FREE MEALS 130 Percent of Poverty Level</b>					
<b>Household Size</b>	<b>Income</b>				
	<b>Annual</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
<b>1</b>	16,588	1,383	692	638	319
<b>2</b>	21,412	1,868	934	862	431
<b>3</b>	28,236	2,353	1,177	1,086	543
<b>4</b>	34,060	2,839	1,430	1,310	655
<b>5</b>	39,884	3,324	1,662	1,534	767
<b>6</b>	45,708	3,809	1,905	1,758	879
<b>7</b>	51,532	4,295	2,148	1,982	991
<b>8</b>	57,356	4,780	2,390	2,206	1,103
For each additional family member, add:	5,824	486	243	224	112

<b>ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS 185 Percent of Poverty Level</b>					
<b>Household Size</b>	<b>Income</b>				
	<b>Annual</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
<b>1</b>	23,606	1,968	984	908	454
<b>2</b>	31,894	2,658	1,329	1,227	614
<b>3</b>	40,182	3,349	1,675	1,546	773
<b>4</b>	48,470	4,040	2,020	1,653	933
<b>5</b>	56,758	4,730	2,365	2,183	1,092
<b>6</b>	65,046	5,421	2,711	2,502	1,251
<b>7</b>	73,334	6,112	3,056	2,821	1,411
<b>8</b>	81,622	6,802	3,401	3,140	1,570
For each additional family member, add:	8,288	691	346	319	160

# INDIVIDUAL PLAN OF CARE

Adult Day Care Center: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Current Date: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Orders: \_\_\_\_\_

Caregiver's/Participant's Expectations: \_\_\_\_\_

Needs/Goals:

1. Physical: \_\_\_\_\_

2. Cognitive: \_\_\_\_\_

3. Social: \_\_\_\_\_

4. Other: \_\_\_\_\_

GOAL	RESPONSIBLE STAFF/ DISCIPLINE	STRATEGY	MEASURE	OUTCOME

# GROUP PROGRAM

**Adult Day Care Center:** \_\_\_\_\_

**Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

DAY/DATE	MONDAY, _____	TUESDAY, _____	WEDNESDAY, _____	THURSDAY, _____	FRIDAY, _____

DAY/DATE	MONDAY, _____	TUESDAY, _____	WEDNESDAY, _____	THURSDAY, _____	FRIDAY, _____



## ADULT MEAL COUNT WORKSHEET

Agreement Number: AD- \_\_\_\_\_ Month: \_\_\_\_\_ 20 \_\_\_\_\_  
 (To be maintained at institutions with CACFP records.)

DATE	NUMBER MEALS SERVED PROGRAM PARTICIPANTS				NUMBER NONCLAIMABLE MEALS SERVED*			
	Breakfast	Lunch	Supper	Supplement	Breakfast	Lunch	Supper	Supplement
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
TOTALS								

\* Any nonclaimable or nonprogram meals must have income reported on the Expenditure/Reimbursement Worksheet and/or the center's summary of allowable costs.

## 358

**Year:**

[illegible]

Center:

Month and Year:

### Total Reimbursable Meals

[illegible]

\*B = Breakfast; AM = AM Snack; L = Lunch; PM = PM Snack; S = Supper; LPM = Late PM Snack

You may not claim more than two main meals and one snack or two snacks and one main meal per participant daily.

Totals

Grand Totals From All Pages

## FOOD-PURCHASING FORM

(To Be Completed for Each Purchase)

Store Name/Vendor\*: \_\_\_\_\_ Center: \_\_\_\_\_ Date: \_\_\_\_\_

*Attach original receipt containing name of store and date of purchase.*

Check #:

[illegible]

\* If you purchase from a food vendor or other delivery service, you may be provided with an itemized receipt and usage of this form may not be necessary. Check with your coordinator.

<b>Summary of Costs</b>	
<b>Total Food and Milk</b>	\$
<b>Total Food-Related Supplies</b>	
<b>Total Nonreimbursable Items</b>	
<b>Grand Total (Must Agree With Receipt)</b>	\$

EXPENDITURE/REIMBURSEMENT WORKSHEET  
INDEPENDENT CENTERS OR SITES UNDER A SPONSOR

Month: \_\_\_\_\_

Year: \_\_\_\_\_

[illegible]

Net Costs (Total of Columns 4 through 11 Minus Column 12)	\$
Reimbursement Received	\$
Operating Balance (Item 14 Minus Item 15—See Instructions)	\$

NOTE: Each cost category must be as approved on your CACFP application and/or amendments.

# BREAKFAST

## HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED

Adults Present: \_\_\_\_\_

<b>Number of Adults Served</b>					
<b>MILK</b>					
Adults		X	8 fluid ounces	=	
					<b>Total Number of Fluid Ounces Needed</b>
There are 128 ounces of milk in one gallon.					

<b>FRUIT/VEGETABLE/JUICE</b>					
Adults		X	2 (1/4 cup)	=	
					<b>Total Number of 1/4 Cups Needed</b>

<b>MEAT/MEAT ALTERNATE (Optional)</b>					
Adults		X	2.0 ounces	=	
					<b>Total Ounces Needed</b>

<b>GRAINS</b>					
Adults		X	2 servings	=	
					<b>Total Servings Needed</b>

# LUNCH AND SUPPER\*

## HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED

Number of Adults Served: \_\_\_\_\_

<b>MILK*</b>					
Adults		X	8 fluid ounces	=	
					<b>Total Number of Fluid Ounces Needed</b>
There are 128 ounces of milk in one gallon.					

<b>VEGETABLE</b>					
Adults		X	2 (1/4 cup)	=	
					<b>Total Number of 1/4 Cups Needed</b>

<b>FRUIT</b>					
Adults		X	2 (1/4 cup)	=	
					<b>Total Number of 1/4 Cups Needed</b>

<b>MEAT/MEAT ALTERNATE</b>					
Adults		X	2.0 ounces	=	
					<b>Total Ounces Needed</b>

<b>GRAINS</b>					
Adults		X	2 servings	=	
					<b>Total Servings Needed</b>

\*Milk is not a required component at supper.

**SNACK**  
**HOW TO CALCULATE NUMBER OF**  
**ADULT SERVINGS**  
**NEEDED**  
**(Choose two of the five food components)**

Number of Adults Served: \_\_\_\_\_

<b>MILK</b>					
Adults		X	8 fluid ounces	=	
					<b>Total Number of Fluid Ounces Needed</b>
There are 128 ounces of milk in one gallon.					

<b>VEGETABLE</b>					
Adults		X	2 (1/4 cup)	=	
					<b>Total Number of 1/4 Cups Needed</b>

<b>FRUIT</b>					
Adults		X	2 (1/4 cup)	=	
					<b>Total Number of 1/4 Cups Needed</b>

<b>MEAT/MEAT ALTERNATE</b>					
Adults		X	1.0 ounce	=	
					<b>Total Ounces Needed</b>

<b>GRAINS</b>					
Adults		X	1 servings	=	
					<b>Total Servings Needed</b>



# ADULT MULTISITED PREAPPROVAL VISIT FORM

Center Name: \_\_\_\_\_

Center Address: \_\_\_\_\_

The following items were discussed and reviewed:		Center Agrees to Comply
1. Current license posted (if applicable)	1.	
2. Civil rights compliance (poster, complaint procedure)	2.	
3. Family-Size and Income Application (FSIA) a. Obtained on enrollee b. Approved by institution official	3. a. b.	
4. Monthly count by category/roster sheet maintained	4.	
5. Daily attendance records maintained	5.	
6. Meal Count Worksheet (Meal Counts)	6.	
7. Itemized receipts/invoices properly maintained a. Food-Purchasing Form b. Signature of purchaser	7. a. b.	
8. Inventory up-to-date (recommended)	8.	
9. Food-Production Records/Menus as Served Book maintained accurately (up-to-date)	9.	
10. Meal patterns a. Minimum meal pattern requirements (components and quantities) b. Meal limitation/time frame c. Child Nutrition (CN) Labels/Product Formulation Statement d. Special dietary needs	10. a. b. c. d.	
11. Sanitation and safety	11.	
12. Food preparation area adequate for meals served	12.	

Comments: \_\_\_\_\_

Approval Recommended:      Yes ☐    No ☐

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

\_\_\_\_\_  
Center Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsoring Organization Representative's Signature

\_\_\_\_\_  
Date

# MENUS AS SERVED

☐ Regular Meals

Comments/Special Dietary Needs:

Date: \_\_\_\_\_

MEAL TYPE	MENU	QTY SERVED: MEAT/MEAT ALTERNATE	QTY SERVED: GRAINS	QTY SERVED: VEGETABLE/ JUICE	QTY SERVED: FRUIT/JUICE	QTY SERVED: MILK
<b>BREAKFAST</b> Total participants served: _____  Program Adults: _____			WG <input type="checkbox"/>			
<b>AM SNACK</b> Total participants served: _____  Program Adults: _____			WG <input type="checkbox"/>			
<b>LUNCH</b> Total participants served: _____  Program Adults: _____			WG <input type="checkbox"/>			
<b>PM SNACK</b> Total participants served: _____  Program Adults: _____			WG <input type="checkbox"/>			
<b>SUPPER</b> Total participants served: _____  Program Adults: _____			WG <input type="checkbox"/>			
<b>LATE PM SNACK</b> Total participants served: _____  Program Adults: _____			WG <input type="checkbox"/>			

# ADULT ON-SITE MONITOR REVIEW FORM

1. Reviewer: \_\_\_\_\_ 5. Institution Agreement Number: \_\_\_\_\_
2. Facility: \_\_\_\_\_ 6. Date of Visit: \_\_\_\_\_
3. Facility's Address: \_\_\_\_\_ 7. Time of Visit: \_\_\_\_\_
4. Unannounced Review ☐ Announced Review ☐ 8. Review: 1 2 3 Weekend Follow-Up
9. New Site Initial Review: Yes ☐ No ☐

YES/NO/NA		
<b>A. License (if applicable)</b>		
1. Current license/permit	1.	Yes
2. Capacity: _____		
3. Center meets licensing standards	3.	Yes
<b>B. Record Keeping</b>		
1. Family-Size and Income Application	1.	
2. Monthly categorical counts/CACFP Roster maintained and verified by attendance records	2.	
3. Daily attendance/arrival/departure records up-to-date	3.	
4. Sponsoring organization (SO) notified of enrollment changes	4.	
5. Food-Purchasing Form/Itemized Receipts	5.	
6. Expenditure/Reimbursement Worksheet	6.	
7. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period? (See form below)	7.	
8. Individual plan of care is on file for each adult participant	8.	
9. Adult care facility has a group program	9.	

YES/NO/NA		
<b>C. Meal Counts</b>		
1. Physical point of service count taken	1.	
2. Counts separated by shifts	2.	
3. Counts within license capacity	3.	
4. Meal service times as approved	4.	
5. Meal Count Worksheet maintained	5.	
<b>D. Storage</b>		
1. Adequate space	1.	
2. Chemicals and medicines in separate location	2.	
3. No rusted, dented, or unlabeled containers	3.	
4. Stored food items off floor and away from walls and participants	4.	
5. Proper temperature and ventilation	5.	
6. Thermometers in freezers and refrigerators Refrigerator temperature: _____ Freezer temperature: _____	6.	
7. Refrigerators and freezers defrosted	7.	
8. Open cardboard boxes discarded	8.	
9. Commodity foods dated	9.	
10. Commodity temperature logs maintained	10.	

DATE	# ENROLL-MENT	# IN ATTEN-DANCE	# BREAK-FAST	# AM	# LUNCH	# PM	# SUPPER	RECON-CILED YES/NO

YES/NO/NA		
<b>E. Sanitation and Safety</b>		
1. Trash cans covered	1.	
2. Clean kitchen (floors, cupboards, pest-free)	2.	
3. Clean equipment	3.	
4. Dining surfaces and countertops sanitized	4.	
5. Proper method of dishwashing	5.	
6. Effective hair restraint	6.	
7. Proper handwashing technique	7.	
8. Proper grooming and hygiene	8.	
9. Participants are in a safe environment and not in imminent danger	9.	
10. Food-handling procedures (thawing, time, temperature, transportation)	10.	
11. Leftovers properly stored	11.	
12. Only authorized persons in kitchen	12.	
13. Medications properly stored	13.	
<b>F. Food Production</b>		
1. Food Production Records/Menus as Served Book complete and up-to-date	1.	
2. All components served	2.	
3. Sufficient quantities served	3.	
4. Statement from recognized medical authority on file for substitutions due to medical reasons	4.	
5. Child Nutrition (CN) Label or Product Formulation Statement available	5.	
6. Procedure used for controlling the ordering and delivery of contract meals	6.	

YES/NO/NA		
<b>G. Civil Rights Compliance</b>		
1. . . . <i>And Justice for All</i> poster	1.	
2. Complaint-filing procedure	2.	
3. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service	3.	
<b>H. Training</b>		
1. CACFP training by sponsor for all facility staff	1.	
2. CACFP training by sponsor for all volunteers	2.	

YES/NO/NA		
<b>I. Food Service/M meal Observation</b>		
1. Method of production _____		
2. Meal service times as approved	2.	
3. Adequate space for dining	3.	
4. Program adults served the same meal as participants	4.	
5. All components served	5.	
6. Required quantities served	6.	
7. Method of production and quality of food	7.	
8. If milk is offered, is it fat-free or 1%?	8.	
9. Meal supervision provided	9.	
10. Adequate time for eating	10.	
11. Special dietary needs documentation available	11.	
12. Current Product Formulation/Child Nutrition (CN) Label on file and available at time of the review	12.	
13. Is further training needed?	13.	
14. Observed Offer versus Serve being supplemented	14.	
15. Is water offered throughout the day?	15.	
16. Is deep-fat frying occurring?	16.	

<b>J. Meal Analysis</b>						
<b>Meal Observed:</b>	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM Snack
<b>Time Served:</b>	_____					

Total Meals Served	Nonclaimable Meals Served	Comments

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk/Yogurt				
Vegetable/Juice				
Fruit/Juice				
Grains				
Meat/Meat Alternate				

**K. Review Summary**

Corrective Action Needed, Recommendations, and Comments:

<b>L. Facility Is:</b>		<b>In Compliance</b> <input type="checkbox"/>	<b>In Noncompliance</b> <input type="checkbox"/>
Were problems noted in previous review corrected?	Yes	No	NA
Is a follow-up review required to view corrective action?	Yes	No	

We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed.

\_\_\_\_\_  
(Facility Representative's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Sponsoring Organization Monitor's Signature)

\_\_\_\_\_  
(Date)