**Child and Adult Care Food Program**
**Claiming Percentage Roster**
**Fiscal Year_____**

Sponsor Name_____CTD#_____
Site Name_____

List participants qualifying for **PAID** meals:

| | NAME LAST | NAME FIRST | ENROLLED MO/YR | DROPPED MO/YR. | | NAME LAST | NAME FIRST | ENROLLED MO/YR | DROPPED MO/YR |
|---|---|---|---|---|---|---|---|---|---|
| 1. | | | | | 31. | | | | |
| 2. | | | | | 32. | | | | |
| 3. | | | | | 33. | | | | |
| 4. | | | | | 34. | | | | |
| 5. | | | | | 35. | | | | |
| 6. | | | | | 36. | | | | |
| 7. | | | | | 37. | | | | |
| 8. | | | | | 38. | | | | |
| 9. | | | | | 39. | | | | |
| 10. | | | | | 40. | | | | |
| 11. | | | | | 41. | | | | |
| 12. | | | | | 42. | | | | |
| 13. | | | | | 43. | | | | |
| 14. | | | | | 44. | | | | |
| 15. | | | | | 45. | | | | |
| 16. | | | | | 46. | | | | |
| 17. | | | | | 47. | | | | |
| 18. | | | | | 48. | | | | |
| 19. | | | | | 49. | | | | |
| 20. | | | | | 50. | | | | |
| 21. | | | | | 51. | | | | |
| 22. | | | | | 52. | | | | |
| 23. | | | | | 53 | | | | |
| 24. | | | | | 54. | | | | |
| 25. | | | | | 55. | | | | |
| 26. | | | | | 56. | | | | |
| 27. | | | | | 57. | | | | |
| 28. | | | | | 58. | | | | |
| 29. | | | | | 59. | | | | |
| 30. | | | | | 60. | | | | |