



### Free Claiming Roster for Program Year \_\_\_\_\_

List of participants that qualify for **FREE** meals based on complete Meal Benefit Income Eligibility Forms.

**Sponsoring Organization:** \_\_\_\_\_ **CTDS#** \_\_\_\_\_

**Center Name:** \_\_\_\_\_ **CTDS#** \_\_\_\_\_

Participant Name		Claiming Month											
		Mark participants who were in attendance during the claiming month, as supported by sign-in/out sheets.											
Last Name	First Name	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June

**Free Claiming Roster for Program Year \_\_\_\_\_ Continued**

Participant Name		Claiming Month											
		Mark participants who were in attendance during the claiming month, as supported by sign-in/out sheets.											
Last Name	First Name	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June



**Reduced-Price Claiming Roster for Program Year \_\_\_\_\_**

List of participants that qualify for **REDUCED-PRICE** meals based on complete Meal Benefit Income Eligibility Forms.

**Sponsoring Organization:** \_\_\_\_\_ **CTDS#** \_\_\_\_\_

**Center Name:** \_\_\_\_\_ **CTDS#** \_\_\_\_\_

Participant Name		Claiming Month											
		Mark participants who were in attendance during the claiming month, as supported by sign-in/out sheets.											
Last Name	First Name	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June

**Reduced-Price Claiming Roster for Program Year \_\_\_\_\_ Continued**

<b>Participant Name</b>		<b>Claiming Month</b> Mark participants who were in attendance during the claiming month, as supported by sign-in/out sheets.											
Last Name	First Name	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June



Paid Claiming Roster for Program Year \_\_\_\_\_

List of participants that qualify for PAID meals based on complete Meal Benefit Income Eligibility Forms.

Sponsoring Organization: \_\_\_\_\_ CTDS# \_\_\_\_\_

Center Name: \_\_\_\_\_ CTDS# \_\_\_\_\_

Participant Name		Claiming Month											
Last Name	First Name	Mark participants who were in attendance during the claiming month, as supported by sign-in/out sheets.											
		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June

**Paid Claiming Roster for Program Year \_\_\_\_\_ Continued**

<b>Participant Name</b>		<b>Claiming Month</b> Mark participants who were in attendance during the claiming month, as supported by sign-in/out sheets.											
Last Name	First Name	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June