Use your "Mouse" or "Tab" key to move through the fields. You must use the mouse to mark check boxes. After completing last field, save document to make future updates or click print button

ILLINOIS STATE BOARD OF EDUCATION
Nutrition Programs Division
100 North First Street, W-270
Springfield, IL 62777-0001

MASTER LIST FOR CHILDREN AND DISABLED ADULTS AT EMERGENCY SHELTERS

Instructions: This form is intended to help organize eligible Child and Adult Care Food Program (CACFP) participants staying at your shelter. It is recommended you create a separate Master List for children and one for disabled adults. Fill out the name of the facility and the date. As each child/disabled adult enters the shelter, add their full name, the child's birth date or mark the box if a disabled adult, and the entry date. Update the Master List to include any new children or disabled adults. When appropriate, record the exit date (last day) a child or disabled adult was in your facility.

CACFP allows you to claim up to three meals per day for children ages birth through 18 years and disabled adults when they eat at your shelter. Use the names on this Master List to create Meal Participation Records for each approved CACFP meal service.

NAME OF SHELTER

Child's/Disabled Adult's Full Name	Birth Date of Child (Age Birth through 18 years)	Disabled Adult (Age 19 years and older)	Month/Year	
			Entry Date	Exit Date
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