

<h2 style="margin: 0;">FOR-PROFIT FREE/REDUCED PRICE MEAL SUMMARY</h2>
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Name: _____ Number (PO...) _____

Site Name: _____ Month/Year: _____

Total Enrollment (on the last day of month): _____

Each child/family must have a current Enrollment & Income Eligibility Form (E/IEF) on file and the household size and income must meet the income guidelines for free or reduced price meals.

Names of Enrolled Children Qualifying for Free or Reduced Price Meals for the Month:	Check if E/IEF is on file	Date E/IEF Expires	Comments:
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**Child Nutrition & Wellness, Kansas State Department of Education
Child and Adult Care Food Program**

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Names of Enrolled Children Qualifying for Free or Reduced Price Meals for the Month:	Check if E/IEF is on file	Date E/IEF Expires	Comments:
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