

# CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

## Pre-Application Eligibility Screening Tool--For-Profit Institutions

Institution Name: \_\_\_\_\_

Institution Director:

<u>Name</u>	<u>Phone #</u>	<u>Email</u>
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Applicant Contact

<u>Name</u>	<u>Phone #</u>	<u>Email</u>
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Institution Physical Address:

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Institution's Provider Number

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Licensed Capacity

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Enrollment List Attached

(check yes or no)

Yes	No	Total # Enrolled
_____	_____	_____

\*For-Profit Child & Adult Care Centers are potentially eligible for participation in CACFP if 25% or more of enrolled participants or 25% of the licensed capacity (whichever is less) are receiving child care subsidies or are low-income children.

\*For-profit adult day care centers are eligible if the center meets the 25% rule with Medicaid beneficiaries.

\*This is determined after an Income Eligibility Form (located at <https://dphhs.mt.gov/ecfsd/childcare/cacfp/Documents>) has been completed on behalf of the household of the enrolled participant.

**\*\*Provide copies of collected Income Eligibility Forms to the State Agency for eligibility review.**

# of Participants Eligible for Free &  
Reduced Price

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% of Enrollment Free Reduced  
(Total number/enrollment or licensed capacity)\*100

Licensed Capacity	
Enrollment	

**\*\*State Agency Use Only**

Potentially Eligible for Participation in CACFP? (YES or NO)

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Eligibility Reviewed By:

\_\_\_\_\_

Date:

\_\_\_\_\_