



Florida Department of Elder Affairs
Adult Care Food Program
ACFP Enrollment Roster

Institution Name:				Contract #		Facility Name:			Contract Approval Date (MM/DD/YY):											
Participant's Name (Last, First)	Age	Title XIX	Date Enrolled	Category Change Date	F	R	P	Participant's Name (Last, First)	Age	Title XIX	Date Enrolled	Category Change Date	F	R	P					
1.								11.												
2.								12.												
3.								13.												
4.								14.												
5.								15.												
6.								16.												
7.								17.												
8.								18.												
9.								19.												
10.								20.												

Monthly:

- *Skipping those participants with a category change date from previous months, add the number of Free, Reduced-Price and Paid **ON THIS PAGE** that are enrolled during the month claimed.*
- Enter the category totals (F, R, P) for the appropriate claim month in boxes below.
- To complete Monthly Claim for Reimbursement, add **all Free, Reduced-Price and Paid** page totals together.

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
F	F	F	F	F	F	F	F	F	F	F	F
R	R	R	R	R	R	R	R	R	R	R	R
P	P	P	P	P	P	P	P	P	P	P	P

(Enrollment Roster Instructions in Policy Manual and on Reverse)

ACFP Enrollment Roster General Instructions

This is a required program record. Do not send the enrollment roster(s) or the attached Meal Benefit Income Eligibility Applications to the Adult Care Food Program (ACFP) office, *unless specifically requested* by the State Agency. ACFP institutions may only claim reimbursement for reimbursable meals served to *eligible, enrolled ACFP participants*.

Once appropriately enrolled, each ACFP participant's name will remain on the ACFP enrollment roster during the entire contract year. Each new contract year requires new ACFP enrollment rosters.

Institutions must establish new rosters *when their institution's contract is approved/renewed*, on or after the start of the new contract year (October 1). Each administered facility will maintain its own set of ACFP enrollment rosters. Each roster page should be labeled with the name of the institution, institution's ACFP contract number, name of the administered facility and the institution's contract approval date (month/day/year). All *approved* F&RP Meal Applications completed **prior to or on the institution's contract approval date** will be **sorted alphabetically, by participant's last name**, and **listed (enrolled)** on the ACFP enrollment roster with the *same enrollment date as the institution's contract approval date*.

Information should be transferred from each of the newly approved or renewing F&RP Meal Applications to the ACFP enrollment roster. Enrollment rosters are used for tracking F&RP meal eligibility and monthly ACFP participation activity. The number of ACFP participants, along with their category of eligibility, determines the rate of reimbursement. Care must be exercised when transferring this information. A simple posting error, especially under the category of eligibility, may result in the institution's receiving *more or less* reimbursement than actually earned.

Fill in all lines down the left-hand column, beginning with participant's name, and then fill in all lines down the right-hand column. Complete 1-10, then 11-20. When page is full, follow the same procedure with subsequent pages.

All ACFP participants enrolled **after** the institution's contract approval date will be **listed in chronological order** on the next available roster line. The participant's enrollment date will be the date the center representative signed and approved the application. Each ACFP participant listed on the roster page will have an application attached behind **that roster page**, in the order in which it appears on the roster (1-10, then 11-20).

When entering the participant's information on the ACFP enrollment roster, please print neatly and make certain to include:

- ACFP participant's name (last name, first name)
- Participant's age
- A check in the Title XIX column for those participants enrolled in a **For Profit Center**, whose day program services are funded by Medicaid Waiver funds
- Date of ACFP enrollment (month/day/year)
- Category Change Date, if applicable (*see criteria below*)
- A check identifying the participant's eligibility category (**Free, Reduced or Paid**)

An enrolled participant's category of eligibility may change due to the following reasons:

- Participant's inability or refusal to re-certify zero income every month, resulting in expiration of **Free Meal** eligibility
- A participant with a **Free Meal** application based on zero income stops attending participating center

If a participant's category of eligibility changes after submission of the original F&RP Meal Application, the following steps must be followed:

- Obtain a *new* F&RP Meal Application with updated information.
- Center representative will review for completeness, determine **Free, Reduced-Price or Paid** eligibility category, and approve and date application.
- On the original enrollment form, fill in the Category Change Date column. The Category Change Date will be the same as the approval date on the newly submitted F&RP Meal Application.
- On the next available line of the enrollment roster, re-enroll the participant. Use the same enrollment date as the new application's approval date.
- Place a check identifying the participant's new eligibility category (**Free, Reduced or Paid**).

Internal Management Document for use by DOEA staff, contractors and subcontractors.