Department of Elder Affairs
ADULT CARE FOOD PROGRAM

Contract # _____
Report Month _____

MONTHLY CERTIFICATION OF ELIGIBILITY FOR TITLE XIX PROPRIETARY ADULT DAY CARE CENTERS

I, hereby, certify that each private for-profit Adult Day Care Center listed below received compensation, from amounts granted to the state under Title XIX of the Social Security Act, for at least 25 percent of its enrolled adults, or the license capacity for each facility.

I further certify, that the attached Monthly Reimbursement Voucher does not include any meals in any for-profit center for which the center received such compensation for less than 25 percent of its enrolled adults or license capacity during this reporting month. *

* Center(s) approved for split shifts must have 25 percent of enrolled adults eligible for Title XIX benefits.

NAMES OF ACFP APPROVED CENTERS ELIGIBLE THIS REPORT MONTH	TOTAL NUMBER OF TITLE XIX ADULTS ENROLLED	TOTAL NUMBER OF ADULTS ENROLLED	CENTER'S LICENSED CAPACITY

Name and Address of ACFP Provider:

_____
_____
_____

_____ _____ _____
Signature of Authorized Provider Representative **Title** **Date**

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

Rev. 09/2024