

Enrollment Monitor

Center: _____

CFA/FA: _____

Date: _____

Reviewer: _____

	Child/Family				
Income Verification Signed and Dated (Yes/No)					
Meets Income/TANF Eligibility (Yes/No)					
Meets Age Eligibility (Yes/No)					
No income re-verification for second year enrollees (Yes/No)					
Intent to Re-enroll in the file for second year enrollees (Yes/No)					
Recruitment Notes Reviewed by CFA/FA? (Yes/No)					
Recruitment Notes are complete - notations in each section					
Documentation on Need Included (e.g. Referral Letters, Disability Certification, etc.)					
Enrollment Forms Completed and Signed (Yes/No) (initialed and dated for second year enrollees)					
Authorization for Release of Information is completed correctly? Are medical providers' names included?					
Program Face sheet is completed (in pencil and nothing left blank)					
All face sheets are complete and accurate					
File Label is correct and complete					
Enrollment forms are filed in correct section/correct order					
CACFP is complete and signed					

Strengths:

Concerns that need to be addressed:

Suggested Follow-up plan:

Date: _____ CFA/FA