Update to Adobe Reader 9.3 prior to starting form. Use your "Mouse" or "Tab" key to move through the fields, and the mouse to mark check boxes. After completing last field, save document to hard drive to make future updates or click print button.

ILLINOIS STATE BOARD OF EDUCATION
Nutrition Programs Division
100 North First Street, W-270
Springfield, Illinois 62777-0001

SPONSORS USING INDIVIDUAL DOCUMENTATION
SITE ELIGIBILITY

Attachment to ISBE 69-71, Application/Agreement

NAME OF SPONSORING ORGANIZATION	AGREEMENT NUMBER

PROGRAM ANNOUNCEMENT/POLICY STATEMENT:

The _____ today announced plans to
Program Sponsor

participate in the Summer Food Service Program (SFSP). Free meals, which meet SFSP federal guidelines, will be made available to all children 18 years of age and under and to persons over 18 years who are enrolled in a state-approved educational program for the mentally or physically disabled. In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer. This statement is the most current information available at this time. The updated information shows the TTY number has been replaced by the Federal Relay Service. The (800) 845-6136 number is for Spanish speaking individuals.

Free meals will be provided at the sites listed below beginning _____ and ending _____.

For further information contact _____ at _____.
Name *Phone or Address*

LISTING OF SITES

1. _____
2. _____
3. _____
4. _____
5. _____

We have adopted the fiscal year 2010-2011 United States Department of Agriculture Income Guidelines. If you receive Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Famlies (TANF), your child is automatically eligible.

Family Size	Year	Month	Week
1	$20,036	$1,670	$386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each Additional Family Member	6,919	577	134

I certify that the above Program Announcement/Policy Statement constitutes this organization's policy regarding the service of free meals to participants in the Summer Food Service program and the above announcement has been included in the attached brochure, program application, or information sheet which was/will be disseminated to potential participants on

_____
Date

_____ _____
Date *Signature of Authorized Sponsor Representative*

Print Reset Form