

CHILD AND ADULT CARE FOOD PROGRAM

VERIFICATION DOCUMENT FOR AT-RISK AFTER-SCHOOL SNACK/SUPPER PROGRAM

100 North First Street, W-270 Springfield, Illinois 62777-0001

As an institution participating in the At-Risk After-School Snack/Supper Program, you are required to document that the location of after-school program is in an attendance area served by a school in which 50 percent or more of the children enrolled are eligible for or reduced-price school meals. The area eligible school is listed on the Child and Adult Care Food Program (CACFP) Site Applic Information Sheet. After-school programs operating in a school are exempt from this requirement when that same school is used to meet the area eligible for or reduced-price school programs operating in a school are exempt from this requirement when that same school is used to meet the area eligible for area eligiblity. Provide the address of the building offering the after-school program. Contact the school district you selecte area eligiblity. Provide the address of the building offering the after-school program (#1 below). Ask what school(s) a child would a fit there was a house located at that address. Record the information provided by the school employee below. 1. Record the address for the At-Risk After-School Snack/Supper Program below. Street Address: City:			N	UTRITION DEPARTMENT				
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Instructions: Use one verification form for each location offering an after-school program. Contact the school district you select Instructions: Use one verification form for each location offering the after-school program. Contact the school district you select Instructions: Use one verification form for each location offering the after-school program. Contact the school district you select Instructions: Use one verification form for each location offering the after-school program (#1 below). Ask what school(s) a child would a fif there was a house located at that address. Record the information provided by the school employee below. I. Record the address for the At-Risk After-School Snack/Supper Program below. Street Address: City: ZIP Code:	after-scho or reduce Informatio	ool program d-price sch on Sheet.	n is in an attendance area serv lool meals. The area eligible s	ed by a school in which 50 percent or n school is listed on the Child and Adult (nore of the children Care Food Program	enrolled are el (CACFP) Site	igible for free e Application	
Street Address:	<i>Instructic</i> area eligit	ons: Use c bility. Provi	one verification form for each leader the address of the building	ocation offering an after-school progra offering the after-school program (#1 b	m. Contact the sch elow). <i>Ask what sc</i> l	ool district you hool(s) a child	u selected for	
City: ZIP Code: 2. Call the school district office or school; provide the phone number.	1. R	Record the	address for the At-Risk Afte	er-School Snack/Supper Program be	elow.			
2. Call the school district office or school; provide the phone number. 3. Name and title of school employee providing the information. Employee Name:	S	Street Addre	ess:					
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Record the names and types (elementary, middle, high) of schools given to you by the school employee. Name of School Street Address City State ZIP (Name of School Street Address City State ZIP (Name of School Street Address City State ZIP (Name of School Street Address City State ZIP (Street Address City State ZIP (Street Address City State ZIP (Street Address City State ZIP (Street Address City State ZIP (Street Address City State ZIP (Street Address City State ZIP (Street Address City State ZIP (State	3. N	lame and t	title of school employee pro	viding the information.				
Name of School Street Address City State ZIP of Name of School Street Address City State ZIP of Name of School Street Address City State ZIP of Image: School Street Address City State ZIP of Street Address Street Address City State Street Address Street Address State ZIP of								
Name of School Street Address City State ZIP of State 5. Did you select one of the schools listed in question #4 as the area eligible school on your application?]	Name of School	Street Address	City	State	ZIP Code	
5. Did you select one of the schools listed in question #4 as the area eligible school on your application?			Name of School	Street Address	City	State	ZIP Code	
			Name of School	Street Address	City	State	ZIP Code	
Yes If yes, please check (\checkmark) the area eligible school above that is listed on your application.	5. D	Did you sel	ect one of the schools liste	d in question #4 as the area eligible	school on your ap	oplication?		
		Yes	If yes, please check (\checkmark) the	area eligible school above that is liste	d on your applicatio	on.		
No If no, ISBE staff will review the area eligible school and make the change for you.		No	If no, ISBE staff will review	the area eligible school and make the	change for you.			

Signature of Person Contacting School

Date of Contact