

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  |   |                                     |                                  |  |
|---|---------------------------------------|---|--|--|---|-------------------------------------|----------------------------------|--|
| As an institution participating in the At-Risk After-School Snack/Supper Program, you are required to document that the location 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 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 school program. Contact the school district you select area eligibling offening the after-school program. Contact the school district you select free area eligible. Provide the address of the building offening the after-school program. Contact the school district you select free area eligible school 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: City: City: Call the school district office or school; provide the phone number. Employee Name: Name and title of school employee providing the information. Employee Name: 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 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 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 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 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 Name of School Street Address City State ZIP of Name of School Street Address City State ZIP of Name of School Street Address City | NAME OF                               | INSTITUTIC                              | DN   | AGREEMENT NUMBE  | AGREEMENT NUMBER                                  |                                     |                                  |  |
| after-school program is in an attendance area served by a school in which 50 percent or more of the children enrolled are eligible 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 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 school by the school district you select area eligiblity. Provide the address of the building offering the after-school program. Contact the school district you select area eligible school 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:   | NAME OF                               | SITE                                    |  | SITE NUMBER  | SITE NUMBER                                       |                                     |                                  |  |
| 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<br>or reduce<br>Informatio | ool program<br>d-price sch<br>on Sheet. | n is in an attendance area serv<br>lool meals. The area eligible s | ed by a school in which 50 percent or n<br>school is listed on the Child and Adult ( | nore of the children<br>Care Food Program         | enrolled are el<br>(CACFP) Site     | igible for free<br>e Application |  |
| Street Address:   | <i>Instructic</i><br>area eligit      | ons: Use c<br>bility. Provi             | one verification form for each leader the address of the building  | ocation offering an after-school progra<br>offering the after-school program (#1 b   | m. Contact the sch<br>elow). <i>Ask what sc</i> l | ool district you<br>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:   |  |   |                                     |                                  |  |
| 2. Call the school district office or school; provide the phone number. 3. Name and title of school employee providing the information. Employee Name:  | С                                     | City: ZIP Code:                         |  |  |   |                                     |                                  |  |
| 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