



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

**CHILD AND ADULT CARE FOOD PROGRAM**  
**VERIFICATION DOCUMENT FOR AT-RISK**  
**AFTER-SCHOOL SNACK/SUPPER PROGRAM**

**NUTRITION DEPARTMENT**

NAME OF INSTITUTION	AGREEMENT NUMBER
NAME OF SITE	SITE NUMBER

As an institution participating in the At-Risk After-School Snack/Supper Program, you are required to document that the location of the 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 free or reduced-price school meals. The area eligible school is listed on the Child and Adult Care Food Program (CACFP) Site Application/Information Sheet.

After-school programs operating in a school are exempt from this requirement when that same school is used to meet the area eligibility.

**Instructions:** Use one verification form for each location offering an after-school program. Contact the school district you selected for area eligibility. Provide the address of the building offering the after-school program (#1 below). *Ask what school(s) a child would attend if 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: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**2. Call the school district office or school; provide the phone number.** \_\_\_\_\_

**3. Name and title of school employee providing the information.**

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

**4. Ask school employee where children would go to school if living at the address above (#1).  
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 Code

☐ \_\_\_\_\_  
Name of School Street Address City State ZIP Code

☐ \_\_\_\_\_  
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?**

☐ Yes If yes, please check (✓) the area eligible school above that is listed on your application.

☐ 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