

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

**CLARIFICATION OF PARTICIPATION**

**DIRECTIONS:** Complete if **at any time during the year** this site serves meals to children in **BOTH** the Child and Adult Care Food Program (CACFP) and Summer Food Service Program (SFSP). CACFP provides reimbursement for children's meals birth through 12 years. SFSP allows children to participate through age 18.

NAME OF FOOD SERVICE SITE THAT PARTICIPATES IN <b>BOTH</b> CACFP AND SFSP	SFSP SPONSOR AGREEMENT NUMBER	SPONSOR SITE NUMBER
ADDRESS (Street, City, State, Zip Code)	CACFP SPONSOR AGREEMENT NUMBER	
	TELEPHONE (Include Area Code)	
NAME OF PERSON IN CHARGE AT SITE	TITLE	

1.     Yes     No    Is the Child and Adult Care Food Program (CACFP) site licensed by the Illinois Department of Children and Family Services (DCFS)?
  
2.     Yes     No    Are the children in the Summer Food Service Program (SFSP) also fed at this location? If **No**, where are the SFSP children fed?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3.     Yes     No    Can a child receive meals from both the CACFP and SFSP?  
 If **Yes**, explain.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4.    What meals are claimed in SFSP? Check (✓) appropriate meal services.  
 Breakfast     Lunch     Supper     AM Supplement     PM Supplement

**ISBE USE ONLY**

Allowed to participate in SFSP.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**CERTIFICATION**

*I certify that this information is true and correct.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Original** Signature and Title of Authorized Representative