



Illinois State Board of Education

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

DOCUMENTATION OF FOR-PROFIT ELIGIBILITY Child and Adult Care Food Program

NUTRITION AND WELLNESS PROGRAMS DIVISION

NAME OF INSTITUTION

ADDRESS (Street, City, State, Zip Code)

CONTACT PERSON

This form should be used by for-profit institutions to document that they meet eligibility requirements to participate in CACFP.

Private for-profit centers can participate in the CACFP when they:

- Receive Title XX funds for at least 25 percent of enrolled children or licensed capacity (which ever is less), **or**
- At least 25 percent of the children in care are eligible for free and/or reduced price meals.

INSTRUCTIONS:

For currently participating institutions: This form may be used to document your for-profit eligibility. Keep this form on file at your site.

For new institutions wanting to apply: Submit, along with your application, the following documentation to the Illinois State Board of Education:

1. Copy of this completed form (ISBE 67-91)
AND
2. Copies of the subsidized billing sheet(s) used to calculate the percentage eligible. Acceptable documentation includes Illinois Department of Human Services Child Care Certificate Report and/or the Department of Children and Family Services Monthly Enrollment Report for the previous month. These documents must be labeled with the facility's name,
OR
3. Copies of free and reduced-price Household Eligibility Applications used to calculate the percentage eligible,
AND
4. Documentation of the number of eligible children enrolled in Head Start (if applicable).

CALCULATION OF FOR-PROFIT ELIGIBILITY: PERCENTAGE MUST EQUAL or EXCEED .25 (25%)

FACILITY NAME (Extra lines are provided for Multi-Site Sponsors)	Number of Children Receiving Subsidized Child Care or are Eligible for Free / Reduced-Price Meals		Check one box below for the method you are using.		Percentage Eligible (Do Not Round)
			License Capacity <input type="checkbox"/>	or Number of Children Enrolled* <input type="checkbox"/>	
EXAMPLE: ABC KIDZ DAYCARE	20	÷	50	=	0.4
		÷		=	
		÷		=	
		÷		=	
		÷		=	
		÷		=	

***If using number of children enrolled, you must also:**

1. Submit a copy of the center's enrollment roster for the selected month.
2. Number, in order, each child listed on the subsidized billing sheets.
3. Then place that same number by the same child's name on the enrollment roster to match.