

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

SPONSORS USING INDIVIDUAL DOCUMENTATION SITE ELIGIBILITY

Signature of Authorized Sponsor Representative

NUTRITION AND WELLNESS PROGRAMS DIVISION							
		Attachr	ment to ISBE 69-7	71, Application/Agree	ement		
NAME OF SPONSORING ORGANIZATION				AGREEMENT NUMBER	R		
PROGRAM AI	NOUNCEMENT/POLICY	STATEMENT:					
The				today announced plans to participate in the Summer			
Food Service F	Program (SFSP). Free me 8 years who are enrolled	als, which meet SFS	SP federal guideline	es, will be made availal	ble to all eligible chil	ldren 18 years of ag	e and under and to
the USDA, its Acolor, national disabilities who contact the Age the Federal Re of discriminatic and at any USI form, call (866 Rights. 1400 Ir equal opportur	MINATION STATEMENT. I Agencies, offices, and emporigin, sex, disability, age, or require alternative mean ency (State or local) where alay Service at (800) 877-8 pn, complete the USDA Propa office, or write a letter at 1632-9992. Submit your office dependence Avenue, SWhitp provider.	loyees, and institution reprisal or retaliands of communication they applied for ber 339. Additionally, program Discrimination ddressed to USDA at completed form or left, Washington, D.C.	ons participating in one tion for prior civil rigular for program informations. Individuals who gram information room Complaint Formand provide in the letter to USDA by: (1,20250-9410; (2) fa.	or administering USDA hts activity in any progration (e.g. Braille, large no are deaf, hard of hea maybe made available, (AD-3027) found onlitter all of the information) mail: U.S. Departme	programs are prohib ram or activity condu- pe print, audiotape, / aring or have speech in languages other ti ne at: http://www.as on requested in the f nt of Agriculture, O	oited from discrimina ucted or funded by L American Sign Lang n disabilities may cor han English. To file a ucr.usda.gov/compla orm. To request a co ffice of the Assistan	ating based on race JSDA. Persons with Juage, etc.), should that USDA through program complaint int filing cust.html popy of the complaint t Secretary for Civi
Free meals wil	I be provided at the sites I	sted helow heginnir	na	and	Lendina		
T TCC TTICAIS WII	i be provided at the sites in	sted below beginnin	Da		criding	Date	·
For further info	rmation contact			at			
T OF TUTTION	ination contact	Name			Telephone or Addres	SS	•
<u>LISTING OF SITES</u>							
1							
2							
3							
We have adop	ted the fiscal year 2019 to the fiscal year 2019 to P) or Temporary Assistant	Jnited States Depar ce for Needy Famlie	tment of Agriculture	e Income Guidelines. d is automatically eligib		lemental Nutrition A	Assistance
	Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	
	1	22,459	1,872	936	864	432	
	2	30,451	2,538	1,269	1,172	586	
	3	38,443	3,204	1,602	1,479	740	
	4	46,435	3,870	1,935	1,786	893	
	5	54,427	4,536	2,268	2,094	1,047	
	6	62,419	5,202	2,601	2,401	1,201	
	7	70,411	5,868	2,934	2,709	1,355	
	8	78,403	6,534	3,267	3,016	1,508	
	For each additional family member, add	7,992	666	333	308	154	
The above an	nouncement has been in	cluded in the attach	ed brochure, progra	am application, or info	rmation sheet which	h was/will be disser	minated to potential

participants on

Date

Date