Illinois
State Board of Education

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

NUTRITION AND WELLNESS PROGRAMS DIVISION

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