

ILLINOIS STATE BOARD OF EDUCATION

Nutrition Programs Division
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

Table with 2 columns: 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.

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. Fax this completed document to the Illinois State Board of Education attention CACFP at 217-524-6124.

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

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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