

Number of Shifts for Each Meal Type

Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	Evening Snack	At-Risk After School Snack	At-Risk After School Supper

At-Risk After School Snack Program Description

Name of public school used to determine eligibility: _____

Educational or Enrichment Activities in the After School Program: _____

Eligibility Begin Date: _____
mm/dd/yy

Eligibility End Date: _____
mm/dd/yy

I certify that the information on this application is true to the best of my knowledge. I agree to the terms and conditions as defined in the Food Service Agreement and understand that this information is being given in connection with Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes.

Date

Printed Name of Authorized Signer

Authorized Signature