Use your "Mouse" or "Tab" key to move through the fields. You must use the mouse to mark check boxes. After completing last field, save document to make future updates or click print button

ILLINOIS STATE BOARD OF EDUCATION
Nutrition Programs Division
100 North First Street, W-270
Springfield, IL 62777-0001

DOCUMENTATION OF FOR-PROFIT ELIGIBILITY

New Facilities Applying for Participation

Child and Adult Care Food Program

INSTRUCTIONS: Complete this form when applying as a new for-profit institution, or adding a new for-profit facility to your existing Child and Adult Care Food Program (CACFP)

NAME OF INSTITUTION

ADDRESS (Street, City, State, Zip Code)	CONTACT PERSON

INSTRUCTIONS:

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

- Receive subsidized child care payments for 25 percent or more of their enrollment or licensed capacity.
  OR
- Have 25 percent or more of a center's enrolled children or license capacity eligible for free or reduced-price meals based on Household Eligibility Applications.

Submit documentation to the Illinois State Board of Education.

1. Copy of this completed form (ISBE 67-91).
2. Copies of the subsidized billing sheet(s) used to calculate the percent eligible. Acceptable documentation includes Illinois Department of Human Services Child Care Certificate Report and 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
   Copies of the free and reduced-price Household Eligibility Applications used to calculate the percent eligible.
3. If using enrollment numbers you must also submit:
   - A copy of the center's enrollment roster for the selected month.
   - Sequentially number each child listed on the subsidized billing sheets.
   - Place that same number by the child's name on the enrollment roster, thus documenting they were in attendance during the month used to establish the 25 percent eligibility.

FOR-PROFIT ELIGIBILITY METHOD AND PERCENT

FACILITY NAME	*ELIGIBILITY METHOD* *Number of Children:*			*CAPACITY/ENROLLMENT (Whichever is Less)*			*PERCENT ELIGIBLE (Do Not Round)*
	Receiving Subsidized Child Care	OR *Eligible for Free/Reduced-Price Meals*	÷	*License Capacity*	OR *Number of Children Enrolled*	=	
			÷			=	
			÷			=	
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			÷			=	

Complete and return to:

Illinois State Board of Education
Nutrition Programs Division
100 North First Street, W-270
Springfield, IL 62777-0001
Fax: 217-524-6124

Print Reset Form