

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

**SPONSORS USING INDIVIDUAL DOCUMENTATION**  
**SITE ELIGIBILITY**

Attachment to ISBE 69-71, Application/Agreement

NAME OF SPONSORING ORGANIZATION	AGREEMENT NUMBER
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**PROGRAM ANNOUNCEMENT/POLICY STATEMENT:**

The \_\_\_\_\_ today announced plans to  
*Program Sponsor*

participate in the Summer Food Service Program (SFSP). Free meals, which meet SFSP federal guidelines, will be made available to all children 18 years of age and under and to persons over 18 years who are enrolled in a state-approved educational program for the mentally or physically disabled. Meals are made available to all eligible participants without regard to race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Free meals will be provided at the sites listed below beginning \_\_\_\_\_ and ending \_\_\_\_\_.

For further information contact \_\_\_\_\_ at \_\_\_\_\_  
*Name* *Phone or Address*

**LISTING OF SITES**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

We have adopted the fiscal year 2012 United States Department of Agriculture Income Guidelines. If you receive Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), your child is automatically eligible.

<b>Family Size</b>	<b>Year</b>	<b>Month</b>	<b>Week</b>
1	\$20,147	\$1,679	\$ 388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
<b>Each Additional Family Member</b>	7,067	589	136

I certify that the above Program Announcement/Policy Statement constitutes this organization's policy regarding the service of free meals to participants in the Summer Food Service program and the above announcement has been included in the attached brochure, program application, or information sheet which was/will be disseminated to potential participants on

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Signature of Authorized Sponsor Representative*