CHILD AND ADULT CARE FOOD PROGRAM
DOCUMENTATION OF SCHOOL ATTENDANCE AREA
FOR AT-RISK CENTER

Institution Name _____

Site Name _____

Site Address _____

_____

☐ School Data

a. Name of school _____

b. Telephone number of school _____

c. Name of school district _____

d. County/city _____

e. School attendance area verified by telephone with

_____
Name

on _____
Date

_____ _____
Signature of Designated Official Date

Do not send to OSPI. Keep in your permanent files.