

**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. Name of school district \_\_\_\_\_

c. County/city \_\_\_\_\_

d. 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.**