

(Copy onto School Letterhead)

**New Jersey Child and Adult Care Food Program
“AT-RISK” AFTER SCHOOL CARE PROGRAM**

“AT-RISK” ATTENDANCE ZONE VERIFICATION LETTER

*Our facility participates in the Child and Adult Care Food Program (CACFP), which provides federal funding for the meals served to our participants. The CACFP requires each sponsoring organization operating an “At-Risk” After School Program to submit verification that the program facility is located in the attendance zone of a public school where at least 50 percent or more of the students are eligible for free or reduced-priced meals. **Our agency depends on these federal funds, and your support is most vital and appreciated by preparing the following letter on your School’s Letterhead completed with your signature.***

Dear _____ :

The purpose of this letter is to verify the school attendance zone of the (NAME OF THE AFTERSCHOOL PROGRAM FACILITY).

I, (NAME OF SCHOOL OFFICIAL and TITLE OF SCHOOL OFFICIAL), certify that the (NAME OF THE "AT-RISK" AFTER SCHOOL PROGRAM FACILITY) located at (FULL ADDRESS OF THE "AT-RISK" AFTER SCHOOL PROGRAM FACILITY) is within the school attendance zone of the FULL NAME AND FULL ADDRESS OF SCHOOL.

Sincerely,

(PRINT NAME OF SCHOOL OFFICIAL), (TITLE)

(SIGNATURE)

(NAME OF SCHOOL)

For assistance preparing this document or additional information regarding “At Risk” After School Program, contact our Child and Adult Care Food Care Program Nutrition Program Specialist at (609) 984-1250.

At-Risk Attendance Zone Verification