Montana Child and Adult Care Food Program

At-Risk Afterschool Meals Program Application Addendum

1. Institution Name: _____

2. Institution Address: _____

Street City Zip

3. What is the school area?

Nearest elementary school: _____

Nearest middle school: _____

Nearest high school: _____

4. Time normal school day ends: _____ Time afterschool program begins: _____

5. Which meals will be provided and claimed? : _____

(Note: Meals may only be claimed during the regular school calendar. On school days, only 1 snack and 1 supper per child may be claimed. On non-school days during the regular school calendar, 1 snack and 1 meal per child may be claimed.)

6. Description of educational or enrichment activities in the Afterschool Program and how the environment is organized, structured and supervised:

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