

Maryland State Department of Education  
 Child and Adult Care Food Program

**AT-RISK, AFTER-SCHOOL SNACK  
 CENTER INFORMATION FORM**

Name and address of the center	Phone # with area code	Name and address of school used to determine Area Eligibility	Location of school (City and County)	Time snack served	Estimated # of students to be served daily	Beginning and end dates of program operation	Age range

Briefly describe the education or enrichment activity at the center:

Is center located in a public school?  Yes  No

Check (✓) to indicate proof of documentation submitted for:  Sanitation/Health Permit  Safety/Fire Permit

**Required if center is not located in a public school.**

*Do not write below this line. For Maryland State Department of Education (MSDE) use only.*

School Percentage Free/Reduced \_\_\_\_\_

MSDE Specialist Approval \_\_\_\_\_  
 (Signature/Date)