



SOUTH BEND COMMUNITY SCHOOL CORPORATION

Food and Nutrition Department
215 SOUTH ST. JOSEPH STREET SOUTH BEND, INDIANA 46601
TELEPHONE: (574) 283-8063

After School Snack Program (ASSP)

Eligibility Requirements

- ✓ The After School Snack Program (ASSP) can only be run by a school that operates the National School Lunch Program.
- ✓ The purpose of the snack program must be to provide care in an after school setting. This does not mean that programs must offer formal child care as recognized by a licensing authority.
- ✓ Programs must be organized to provide children with regularly scheduled enrichment or educational activities in a setting that is structured and supervised. Any extracurricular activities such as the school choir, debate team and drama society can qualify to participate under this provision if the program is opened to all (not elected or chosen by try –outs).

Basic Operating Procedures

- **Meal Pattern-** Schools must implement the Afterschool Snack meal pattern in order to claim reimbursement for each snack. The meal pattern includes 2 out of the 5 food groups. (i.e. Milk & Grain, Fruit & Protein)
- **Charging and Claiming-** Schools can only claim reimbursement for one snack, per child, per day. **The program supervisor is responsible for ensuring the student signs an attendance roster and takes all components of the snack** (i.e. Milk & crackers, not just the crackers). Unopened snack items may be offered to students that are still hungry.
- **Students are the only group eligible for snack reimbursement from USDA. There are no provisions for adults.**

Please complete the following information if you are interested in operating the USDA After School Snack Program at your school. Send the completed responses back to Karen Case at kcasc@sbcsc.k12.in.us or fax to 283-8166

After School Program Information

- School Name:**
- Program Name:**
- After School Program Supervisor’s Name/phone #:**
- Dates of program:**
- Days of the week program operates:**
- Time of program:**
- Number of snacks needed:**
- Educational/Enrichment Activities offered:**

Signed: _____

Date: _____

Approved for Free, reduced, paid snacks: (for office use only)

