

# Afterschool Snack Program (ASP) School Eligibility Checklist

This self-assessment form can be used by school food authorities (SFAs) to determine if a school meets the ASP criteria. SFAs should complete this form prior to submitting an ASP application to the Connecticut State Department of Education (CSDE) for approval. Complete one checklist for each ASP site. For questions regarding the ASP application process, contact the CSDE's [school nutrition programs staff](#).

SFA: \_\_\_\_\_ Site name: \_\_\_\_\_

Program start date: \_\_\_\_\_ Program end date: \_\_\_\_\_

Time school day ends: \_\_\_\_\_ Time afterschool care program starts: \_\_\_\_\_

Required ASP Criteria	Yes	No	If "Yes," include a description of procedures. If "No," document how the SFA will make corrections to comply with ASP regulations.
Is the afterschool care program sponsored or operated by the local educational agency (LEA)?			
Is the afterschool care program organized, supervised, structured, and regularly scheduled?			
Does the afterschool care program include an educational or enrichment component?			Describe educational/enrichment component:
Does the afterschool care program have a reliable, accurate collection procedure for snack counts and claims?			Describe collection procedure:
Does the afterschool care program have an accurate cash management procedure for non-area eligible sites?			
Does the afterschool care program use the appropriate, approved production record and are they complete and up to date?			
Are students who participate in the afterschool care program ages 3-18?			List ages/grades participating in afterschool care program:
Have school nutrition personnel been assigned to conduct the required on-site reviews?			

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Please provide detailed responses to the following for this site.

1. Describe the afterschool care program schedule, e.g., days of the week, hours of operation, etc.

2. How is the afterschool care program organized?

3. Who supervises the afterschool care program?

If the site is *area eligible*, please provide the information below:

4. Describe the process that was used to determine area eligibility for the ASP.

5. Indicate the percentage of free- and reduced-eligible children as of the most recent October:

\_\_\_\_\_ % of students eligible for free and reduced meal in October  
*Insert number* *Insert year*

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For more information, refer to the CSDE's *Afterschool Snack Program Handbook* and visit the CSDE's [Afterschool Snack Program](#) webpage, or contact the [school nutrition programs staff](#) at the Connecticut State Department of Education, Bureau of Child Nutrition Programs, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.

This form is available at [https://portal.ct.gov/-/media/SDE/Nutrition/ASP/Forms/School\\_Eligibility\\_Checklist\\_ASP.pdf](https://portal.ct.gov/-/media/SDE/Nutrition/ASP/Forms/School_Eligibility_Checklist_ASP.pdf).

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1. mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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