



Provider's Assistant Information

Provider Name: _____ Provider #: _____

Assistant's Information:

Assistant's Name: _____

Assistant's Date of Birth: _____ Gender: (circle one) Male Female

Assistant's Address: _____

City: _____ State: _____ Zip: _____

Phone _____

Provider and Assistant's Responsibilities:

I, as the provider, understand that I am responsible for ensuring that the assistant is fully prepared to participate in a review conducted by Illinois Action for Children, or by Illinois State Board of Education, or by the United States Department of Agriculture. This means that the assistant must meet the following requirements:

- Assistant must allow the monitor to enter the home to conduct the review.
- Assistant must be able to show the monitor all food program records including menu and attendance record, child enrollment forms, Sponsor/Provider agreement, etc.
- Assistant must be able to serve meals that meet meal pattern guidelines at scheduled approved meal times and allow the monitor to observe the meal.
- If additional assistants or new assistants are added, it is the provider's responsibility to provide this information to the Healthy Food Program

Assistant's Signature:

Date:

Provider's Signature:

Date:
