Wyoming Department of Education
Child Nutrition Programs
Verification of Updated Software

I (name and title) _____ contacted (Software System name)_____ to verify that the USDA policies and procedures were being followed. Current guidance on Meal Eligibility as it relates to Software Programs was communicated between both parties.

Date of Contact: _____

Date software updates received: _____

_____ _____

Signature of Software Program Representative and Title Date

_____ _____

Signature of School Official and Title Date