

# Request to Begin or Change Meal Service



## Instructions

1. Complete one form for each program or requested change.
2. Send completed form to Area Food Services Supervisor for approval

CAFETERIA (PARENT) SITE INFORMATION (Must be completed for all requests):			
<b>Café/Parent Site Location Code:</b>	<b>Café/Parent Site Location Name:</b>	<b>District:</b>	<b>Date:</b>
<b>Café/Parent Site Location Address:</b>		<b>AFSS:</b>	
MEAL PROGRAM INFORMATION (Must be completed for all requests):			
<b>Program Type (Select one):</b> <input type="radio"/> Self <input type="radio"/> Offsite <input type="radio"/> Snack <input type="radio"/> Supper	<b>Change Type (Select one):</b> <input type="radio"/> New Meal Program <input type="radio"/> Change/Extension (Date/Days/Times) <input type="radio"/> Add a Supper Student Organization/Group <input type="radio"/> Add Supper Saturday Service <input type="radio"/> Close Program	<b>Grade Level:</b> _____ to _____ <b>Start Date:</b> ____/____/____ <b>End Date:</b> ____/____/____ <b>Serving Time: (Circle am or pm)</b> <b>Start:</b> _____ am pm <b>End:</b> _____ am pm	
<b>Program Loc Code (if Offsite):</b>	<b>Program/Organization/Group Name:</b>	<b>Program Address (if Offsite):</b>	<b>Program/Organization/Group Location on Campus:</b>
<b>Program/Organization/Group Contact Name:</b>		<b>Phone #:</b>	<b>Email:</b>
<b>Site Type (select one):</b> <input type="radio"/> Elementary <input type="radio"/> Span <input type="radio"/> Middle School <input type="radio"/> PC <input type="radio"/> High School <input type="radio"/> Other _____ <input type="radio"/> Special Ed		<b>Type of Service Requested:</b> <input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Snack <input type="radio"/> Supper	<b>Service Days:</b> <input type="radio"/> Monday <input type="radio"/> Saturday <input type="radio"/> Tuesday <input type="radio"/> Wednesday <input type="radio"/> Thursday <input type="radio"/> Friday
<b>Additional Remarks:</b>			
<b>FOR NEW PROGRAMS:</b> I am submitting this request a minimum of 6-8 weeks before program begins. I will submit signed "Meal Service Agreement" at least 2 weeks prior to start of the program. I understand meals will not be provided prior to Food Services for approval since State approval is required.      Program Administrator or Designee: _____      Date: _____			
<b>AREA FOOD SERVICES SUPERVISOR REVIEW &amp; APPROVED:</b> <input type="radio"/> Yes (if No, notify cafeteria manager and/or organization/group.)			
Signature: _____		Date: _____	
FOOD SERVICES/OPERATIONS USE (If no changes, select N/A for each item. For multiple site changes, attach list.):			
<b>Site Information:</b> State Site Id#: _____ <b>Check all meal services offered as applicable:</b> <input type="radio"/> NSL <input type="radio"/> SFSP <input type="radio"/> CCFP If CCFP, select from the following: <input type="radio"/> EEC <input type="radio"/> IC <input type="radio"/> KIDCARE <b>For contracted meal services, check the type of contract:</b> <input type="radio"/> N/A <input type="radio"/> Charter <input type="radio"/> County Program <b>Check if applicable to the site:</b> <input type="radio"/> N/A <input type="radio"/> ISIC <input type="radio"/> High Priority <input type="radio"/> Headstart	<b>Site Type:</b> <input type="radio"/> Prep <input type="radio"/> NNC  <b>Area Eligible:</b> <input type="radio"/> Yes <input type="radio"/> No % _____ Funding Line _____  <b>Especially Needy:</b> <input type="radio"/> Yes <input type="radio"/> No % _____	<b>Provision 2 – Check the applicable year:</b> <input type="radio"/> N/A <input type="radio"/> Base Year <input type="radio"/> Year 2 <input type="radio"/> Year 3 <input type="radio"/> Year 4 <input type="radio"/> Year 5 <input type="radio"/> Year 6 <input type="radio"/> Year 7  <b>Adjusted Attendance Factor:</b> <input type="radio"/> N/A % _____	