

# Request To Begin Or Change Saturday Meal Service

**Instructions**

1. Complete one form for each program or requested change.
2. Program administrator will provide completed form to Food Services Manager.
3. Food Services Manager will review and send completed form to Area Food Services Supervisor for approval.

**CAFETERIA (PARENT) SITE INFORMATION (Must be completed for all requests)**

<b>Main Site Location Code:</b>	<b>Main Site Location Name:</b>	<b>Region:</b>	<b>Date:</b>
<b>Main Site Location Address:</b>		<b>AFSS:</b>	

**SATURDAY MEAL PROGRAM INFORMATION (Must be completed for all requests):**

<b>Change Type (Select one):</b> <input type="radio"/> Add Saturday Service <input type="radio"/> Change/Extension (Date/Days/Times) <input type="radio"/> Close Program	<b>Program Start Date:</b> ____/____/____  <b>Program End Date:</b> ____/____/____
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Instructional Program	Expanded Learning Opportunity Program
<ul style="list-style-type: none"> <li>Are considered a school day and follow the (2) meal mandate to serve breakfast and lunch.</li> <li>Instructional programs will enter the proposed service times for breakfast and lunch. There must be a two (2) hour break between the service times.</li> </ul>	<ul style="list-style-type: none"> <li>Expanded Learning Opportunity Programs (ELOP)</li> <li>Enrichment Program</li> <li>Supper meals are served and claimed under the CACFP supper program.</li> </ul>

<b>Program Type:</b> <input type="radio"/> Instructional <input type="radio"/> Expanded Learning Opportunities Program (ELOP)	<b>Program Name:</b> _____  <b>Program Location on Campus:</b> _____
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Instructional programs will enter the proposed service times for breakfast and lunch. There must be a two (2) hour break between the service times. ELOP must provide the amount needed for supper service. Supper meals may be served at any time.

<b>Breakfast Serving Time:</b> Start: _____ End: _____ <b>Amount Needed:</b> _____	<b>Lunch Serving Time:</b> Start: _____ End: _____ <b>Amount Needed:</b> _____	<b>Supper Serving Time:</b> May be served at any time during the day for up to an hour. <b>Amount Needed:</b> _____
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<b>Program Contact Name:</b>	<b>Phone #:</b>	<b>Email:</b>
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**Additional Remarks:**

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**FOR NEW PROGRAMS:** I am submitting this request a minimum of 4-6 weeks before the program begins.

<b>Program Administrator or Designee:</b>	<b>Date:</b>
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<b>Food Services Manager Signature:</b>	<b>Date:</b>
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<b>Area Food Services Supervisor Review &amp; Approved:</b>	<b>Date:</b>
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