



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS)
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
SUMMER FOOD SERVICE PROGRAM (SFSP)
SITE INFORMATION SHEET

NAME OF SPONSOR						
NAME OF SITE						
STREET ADDRESS OF SITE (WHERE CHILDREN ARE FED)		COUNTY				
CITY	STATE	ZIP CODE				
SITE SUPERVISOR'S NAME						
SITE SUPERVISOR'S POSITION						
SITE SUPERVISOR'S E-MAIL ADDRESS						
SITE SUPERVISOR'S TELEPHONE NUMBER						
SITE SUPERVISOR'S FAX NUMBER						
SITE LOCATION <input type="checkbox"/> Rural <input type="checkbox"/> Urban Refer to the USDA Rural Designation Map to determine if your area is considered Rural or Urban - https://www.fns.usda.gov/rural-designation						
SITE TYPE (CHOOSE ONLY ONE) <input type="checkbox"/> Open Site Using School Data <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">PERCENTAGE OF STUDENTS ELIGIBLE FOR FREE OR REDUCED PRICE MEALS</td></tr><tr><td>SCHOOL NAME</td><td>DISTRICT NAME</td></tr></table>			PERCENTAGE OF STUDENTS ELIGIBLE FOR FREE OR REDUCED PRICE MEALS		SCHOOL NAME	DISTRICT NAME
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SCHOOL NAME	DISTRICT NAME					
<input type="checkbox"/> Open Site Using Census Tract Data (contact DHSS-CFNA for assistance 888-435-1464) <input type="checkbox"/> Migrant Site Using Migrant Organization Information (mail documentation to DHSS-CFNA) <input type="checkbox"/> Enrolled Site (Income Eligibility Forms must be collected) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>PROJECTED NUMBER ENROLLED IN SFSP</td><td>PROJECTED NUMBER ELIGIBLE FOR FREE OR REDUCED PRICE MEALS</td></tr></table>			PROJECTED NUMBER ENROLLED IN SFSP	PROJECTED NUMBER ELIGIBLE FOR FREE OR REDUCED PRICE MEALS		
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<input type="checkbox"/> Residential Camp (Income Eligibility Forms required) <input type="checkbox"/> National Youth Sports Program that meets income eligibility guidelines of the U.S. Dept. of Health and Human Services (DHHS) <input type="checkbox"/> Upward Bound Program						
IS THERE A REGULARLY SCHEDULED, ORGANIZED ACTIVITY AT THE SITE? <input type="checkbox"/> Yes <input type="checkbox"/> No List below the activities or attach a schedule of daily activities.						
IS THIS A CHILD CARE CENTER, GROUP HOME, OR FAMILY HOME? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it <input type="checkbox"/> licensed or <input type="checkbox"/> license exempt?						
DOES THE SYSTEM USED TO SERVE MEALS TO CHILDREN AT THE SITE ENSURE THAT EACH CHILD RECEIVES A COMPLETE MEAL, AND THAT MEALS ARE COUNTED AT THE POINT OF SERVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No						
DOES THE SITE HAVE THE NECESSARY STAFF AND FACILITIES SO THAT THE MEAL SERVICE IS ORGANIZED AND PROPERLY SUPERVISED? <input type="checkbox"/> Yes <input type="checkbox"/> No						
LEFTOVER MEALS ARE HANDLED BY <input type="checkbox"/> Discarding <input type="checkbox"/> Storing <input type="checkbox"/> Returning to central kitchen.						
WHAT METHOD IS USED AT THE FACILITIES FOR HOLDING MEALS AT PROPER TEMPERATURES? <input type="checkbox"/> Delivered within one hour of meal service. <input type="checkbox"/> Prepared onsite and held at proper temperature. <input type="checkbox"/> Stored properly and at the proper temperature.						
SITES CAN ADJUST MEAL DELIVERIES BY <input type="checkbox"/> Calling a request into the sponsor. <input type="checkbox"/> Writing a request to the sponsor. <input type="checkbox"/> All methods are used. <input type="checkbox"/> Faxing a request into the sponsor. <input type="checkbox"/> E-mailing a request to the sponsor.						
IS OFFER VS. SERVED REQUESTED FOR THIS SITE? (MUST RECEIVE PRIOR APPROVAL) <input type="checkbox"/> Yes <input type="checkbox"/> No						

PROGRAM REGULATIONS REQUIRE THAT THE SPONSOR CONDUCT A PRE-OPERATIONAL VISIT TO THE SITE BEFORE THE DEPARTMENT OF HEALTH AND SENIOR SERVICES WILL APPROVE THE SITE FOR PARTICIPATION. HAS THE SPONSOR CONDUCTED A PRE-OPERATIONAL VISIT TO THIS SITE?

☐ Yes ☐ No

DATE OF SITE VISIT

The application will not be processed until a site visit is completed.

OPERATING DATES

BEGIN DATE (FIRST DATE SFSP MEALS TO BE SERVED AT SITE)

END DATE (LAST DATE SFSP MEALS TO BE SERVED AT SITE)

TOTAL NUMBER OF OPERATING DAYS EACH MONTH (exclude weekend and holidays if you will not serve meals on those days).

MAY	JUNE	JULY	AUGUST	SEPTEMBER	TOTAL

MEAL SERVICE INFORMATION

Note: You may choose a combination of two meals or one meal and one snack per day, with the exception of lunch and supper on the same day. Meals should be served within the normal timeframes.

Meal Type	Preparation Method	Begin Time	End Time	Days Meals Served							Estimated # to be Served	Estimated # Eligible (camps only)	DHSS Use Only
				M	T	W	T	F	S	S			
Breakfast	<input type="checkbox"/> Self-Prep												
	<input type="checkbox"/> Vended												
	<input type="checkbox"/> Central Kitchen												
AM Snack	<input type="checkbox"/> Self-Prep												
	<input type="checkbox"/> Vended												
	<input type="checkbox"/> Central Kitchen												
Lunch	<input type="checkbox"/> Self-Prep												
	<input type="checkbox"/> Vended												
	<input type="checkbox"/> Central Kitchen												
PM Snack	<input type="checkbox"/> Self-Prep												
	<input type="checkbox"/> Vended												
	<input type="checkbox"/> Central Kitchen												
Supper	<input type="checkbox"/> Self-Prep												
	<input type="checkbox"/> Vended												
	<input type="checkbox"/> Central Kitchen												

IF CENTRAL KITCHEN MEAL TYPE WAS CHOSEN, LIST THE NAME OF THE CENTRAL KITCHEN PREPARING THE FOOD.

IS THE FOOD SERVED AT THIS LOCATION PREPARED IN A SCHOOL FOOD PREPARATION FACILITY?

☐ Yes ☐ No

IS THE FOOD SERVED AT THIS LOCATION PREPARED BY STAFF EMPLOYED BY THE SCHOOL TO PREPARE FOOD DURING THE SCHOOL YEAR?

☐ Yes ☐ No

IS MEAL TIME WAIVER REQUESTED?

☐ Yes ☐ No (Select yes if you are not a residential camp and you will be serving more than two meal types throughout the duration of your operating dates but will not be serving more than two meals on any given day. Example: Weeks 1-3 site will serve breakfast and lunch. Weeks 4-6 will serve lunch and snack.)

HOW MANY CHILDREN CAN EAT AT THIS SITE AT ONE TIME?

HOW MANY STAFF MEMBERS SUPERVISE THE MEAL SERVICE?

LIST ANY HOLIDAYS THIS SITE WILL NOT BE SERVING OR ANY SPECIFIC DATES DURING THE DATES OF OPERATION WHEN THIS SITE WILL NOT BE IN OPERATION (EXAMPLE JULY 4TH OR EVERY OTHER FRIDAY BEGINNING MM/DD/YY).

IS THIS LOCATION AN OUTDOOR SITE?

☐ Yes ☐ No If an outdoor site, where will meals be served during inclement weather? Provide address and procedures for alternate meal service.

FOR RESIDENTIAL AND DAY CAMPS ONLY (USE ADDITIONAL SHEETS IF NECESSARY)		
Session	Begin Date	End Date

FOR FIELD TRIP AND OFF SITE MEALS ONLY (USE ADDITIONAL SHEETS IF NECESSARY)		
Field Trip	Date	Meal (breakfast, lunch, AM/PM snack)

COMMENTS

☐ I certify that this site has the capabilities and facilities to provide the meal service planned for the number of participants to be served, and that the information on this form is true and correct to the best of my knowledge.

☐ I understand that this information is being given in connection with the receipt of Federal funds, and that withholding information or deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

SIGNATURE OF AUTHORIZED SPONSOR REPRESENTATIVE	TITLE	DATE

DHSS USE ONLY

APPROVAL SIGNATURE OF DHSS-CFNA REPRESENTATIVE	TITLE	DATE

Missouri Department of Health and Senior Services
 Community Food and Nutrition Assistance
 PO Box 570
 Jefferson City, MO 65102
 Fax: 573-526-3679

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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
 This institution is an equal opportunity provider.