



LOS ANGELES UNIFIED SCHOOL DISTRICT
MEMORANDUM

MEM- 3999.0
November 2, 2007

ATTACHMENT Q

Request to Begin or Change Meal Service

A separate form is required for each program.

Date:	Prep Location Name & Code:	School Calendar (Single, 3 track or 4 track):	
Complete Program Name (do not use abbreviations):		Program Sponsor/Division (Beyond the Bell, Non-public school, Central):	
Program Location Name:		District:	Loc. Code:
Program Address:		Grade levels:	
Program Contact Name:		Name of person making request (if different):	
Program Contact Phone:		Phone number of person making request (if different):	
Requested start date:		Requested end date or write "continuous program":	
Temporary Closing Period dates:		Extension Period start date:	Extension Period end date:
Estimated number of meals:	Estimated enrollment:	Beginning Service Time:	Ending Service Time:

Circle type of service requested: *Saturday programs are not authorized to serve snacks

Breakfast Lunch Snack* MON TUE WED THUR FRI SAT

I am submitting this request a minimum of 6-8 weeks before program begins. I will submit a 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 Branch approval.

Program Administrator or Designee: _____

Below to be completed by Food Services Branch:

PREPARATION SITE:	LOC. CODE:
TYPE OF CHANGE ADD <input type="checkbox"/> CLOSE <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CONTINUING	PROGRAM DESCRIPTION NSL <input type="checkbox"/> CCFP <input type="checkbox"/> SFSPC <input type="checkbox"/> Contract <input type="checkbox"/>
FROM	TO
ON-SITE <input type="checkbox"/> OFF-SITE <input type="checkbox"/> Self-prep <input type="checkbox"/> NNC <input type="checkbox"/> Bag <input type="checkbox"/> Other <input type="checkbox"/>	OFF-SITE <input type="checkbox"/> ON-SITE <input type="checkbox"/> Self-prep <input type="checkbox"/> NNC <input type="checkbox"/> Bag <input type="checkbox"/> Other <input type="checkbox"/>
REQUIRED FORMS	
1a <input type="checkbox"/> 1 <input type="checkbox"/> 1-Saturday <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> Snack Count Form <input type="checkbox"/> Attendance Roster <input type="checkbox"/> Checklist <input type="checkbox"/> CAFS Edit <input type="checkbox"/> CAFS Prov. 2, Edit <input type="checkbox"/> EEC Daily Meal Record <input type="checkbox"/> EEC Daily Snack Form <input type="checkbox"/> Meal Applications <input type="checkbox"/> Inventory Form <input type="checkbox"/> Other <input type="checkbox"/>	
FOR NEW SCHOOLS CHARTER <input type="checkbox"/> Non Public School <input type="checkbox"/> Central HS <input type="checkbox"/> Continuation HS <input type="checkbox"/>	
Special Delivery Schedule <input type="checkbox"/> Specify: _____	
Staple Delivery Schedule <input type="checkbox"/> Frequency: _____	
Meat & Produce Delivery Schedule <input type="checkbox"/> Frequency: _____	
Satellite Kitchen Delivery Schedule <input type="checkbox"/> New Telephone Service Required <input type="checkbox"/> Need Deposit Slips <input type="checkbox"/> Need Weekly Report & Inventory Forms <input type="checkbox"/> Depot (if applicable): <input type="checkbox"/> Begin Service of: Frozen Food <input type="checkbox"/> Bread <input type="checkbox"/> Ice Cream	
Remarks:	
AFSS Signature/Date	SR FSS Signature Yes <input type="checkbox"/> No <input type="checkbox"/>
	Start Date: Change # _____ Initial _____

DISTRIBUTION: Deputy Branch Director, Food Services, Nutrition Services, Newman Nutrition Center, Food Services Financial Section, Cafeteria Accounting Section, Supervisor, Food Order Section, Supervisor Foods Warehouse, Area Food Services Supervisor, Truck Operations