

CACFP Notification of Meal Service Change

Agreement Number: _____ Institution/Site Name: _____

This form must be submitted if any of the following information has changed from the original application. Please complete and submit to our office for approval prior to meal service change.

For recordkeeping purposes, please list the days and times of meal service that you are currently approved for. Please list currently approved mealtimes here:

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1 st shift		1 st shift		1 st shift		1 st shift		1 st shift		1 st shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending
2 nd shift		2 nd shift		2 nd shift		2 nd shift		2 nd shift		2 nd shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending

Please list currently approved maximum number of meals:

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1 st	2 nd	1 st	2 nd	1 st	2 nd	1 st	2 nd	1 st	2 nd	1 st	2 nd

Please check the box for each day currently approved to serve meals and current hours of operation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Open	Close

Please enter the new information you wish to change and submit for approval below.

If applicable, list NEW mealtimes here:

No change to mealtimes

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1 st shift		1 st shift		1 st shift		1 st shift		1 st shift		1 st shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending
2 nd shift		2 nd shift		2 nd shift		2 nd shift		2 nd shift		2 nd shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending

Please list NEW maximum number of meals:

No change to max number

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1 st	2 nd	1 st	2 nd	1 st	2 nd	1 st	2 nd	1 st	2 nd	1 st	2 nd

If serving shift or weekend meals, please provide justification:

If applicable, check the box for each day you wish to serve meals:

No change to days of the week

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

If applicable, list your NEW hours of operation:

Open	Close

No change to hours of operation

I further certify that all the information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and criminal statutes. The program must be made available to all eligible children regardless of race, color, national origin, disability, age, reprisal, and retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Authorized Representative Signature: _____ Date: _____

SDE Signature: _____ Date: _____