

Return to:
 Child and Adult Nutrition Services
 800 Governors Drive
 Pierre, SD 57501-2235
 Phone: (605) 773-3413
 Fax: (605) 773-6846

Child and Adult Nutrition Services (CANS) Off-site meal request form

_____ NSLP _____ CACFP _____ SFSP

Only approved meals served at eligible and approved sites may be claimed for reimbursement. However, off-site activities may be accommodated if approved by Child and Adult Nutrition Services (CANS) in advance.

Requests must be received by CANS at least one week prior to the activity.

Local Agency Name: _____ Number of children participating: _____

Site: _____ Meal/s to be Eaten Off-Site: breakfast lunch supper snack

Date of Activity: _____ Location of Activity: _____

Enrichment Activity (NSLP Only): _____

Describe what will be used to maintain food at safe temperatures: _____

Beginning and Ending Times of Meal Service: _____ (Begin) _____ (End)

Serving sizes must be appropriate for each age group served.

	Breakfast	Lunch	Supper	Snack (2 of 4)
Meat / Meat Alternates				
Item served:				
Bread / Bread Alternates				
Item served:				
Vegetable / Fruit		(2)	(2)	
Item served:				
Milk				
Item served:				

- I do hereby assure that:
- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 1. Only eligible children will be claimed..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. All menus will meet meal pattern requirements | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. All meals will be properly monitored | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The person taking the meal counts at the point of service will ensure a complete reimbursable meal | <input type="checkbox"/> | <input type="checkbox"/> |

Authorized Representative/Food Service Director's Signature: _____ Date: _____

CANS USE ONLY

Date Request Received: _____ Date Local Agency Notified: _____

Approving Official: _____ To: _____

Approved Not approved, reason _____ Co./Dept: _____

_____ Phone Number: _____

Means of notification: Phone Fax Mail Fax Number: _____

