

**SUMMER FOOD SERVICE PROGRAM
APPLICATION FOR THE SUMMER FOOD SERVICE PROGRAM**

Application number: _____		Status: <input type="checkbox"/> New	Area: <input type="checkbox"/> Urban
Kitchen: _____ Satellite: _____ Combined: _____		<input type="checkbox"/> Experience	<input type="checkbox"/> Rural
1. Meals requested in: _____ (Region)		Meals to be provided in: _____ (District)	
2. Name and address of entity applying		3. Name and address of person applying	
_____		_____	
_____ Zip Code _____		_____ Zip Code _____	
Telephone number _____ Social Security Number (Entity) _____		Telephone number _____ Soc Security Number (Applicant) _____	
4. Name of Public Residential (if applicable): _____		Special Communities (if applicable): _____	
5. Sign if a satellite group: Yes <input type="checkbox"/> No <input type="checkbox"/>		Pocket of poverty: Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Participants: _____ (Children)			
7. Type of Site: Daytime Activities			
A. Open Site: <input type="checkbox"/> Serve walkers children up to two (2) services			
B. Restricted open site: <input type="checkbox"/> Serve walkers children up to two (2) services, subject to availability of food, space or safety.			
C. Closed: <input type="checkbox"/> Not allow the participation of walkers children and complete the Certificate of Elegibility.			
D. Day Camp: <input type="checkbox"/> Daytime <input type="checkbox"/> Residential		E. <input type="checkbox"/> Closed groups	
D and E Groups will be provided copy of the Program Activities to be offered, Family Department License and Eligibility Certificate for each participating child including: family's size, familiar income, name of family members, and the last four Social Security Numbers of the adult member who signed the Certificate.			
8. Name of the place and address where the activity will be held: _____ _____			
9. Dates of the activity:		Indicate date if includes Saturdays, Sundays or Holidays:	
Beginning Date: _____		Saturday: _____ Sunday: _____	
Closing Date: _____		Holiday: _____	
10. Days of participation: _____			
11. Meal Types to be served:			
<input type="checkbox"/> Breakfast: Time _____		<input type="checkbox"/> Lunch: Time _____ <input type="checkbox"/> Snack: Time _____	
(To be filled out by the District Supervisor):			
Name or site providing service: _____			
Exact address where the service will be offered: _____		Telephone number: _____	
12. Indicate if the site serves:			
<input type="checkbox"/> Homeless children		<input type="checkbox"/> Immigrants children	
13. Person Completing the Application Form will be the Team Leader and / or Manager responsible for guidance, pick up and serve food requested in the place assigned by the District Supervisor. Also responsible for making the necessary arrangements for payment for portions prepared, served and not consumed (lost) are carried out, if any.			
14. Name and Signature of District Supervisor		15. Group Leader or Person in Charge Signature	
_____		_____	
Date of Application		Date of approval of Application	
_____		_____	

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