



south dakota
DEPARTMENT OF EDUCATION
Learning. Leadership. Service.

800 Governors Drive
Pierre, SD 57501-2235

T 605.773.3413
F 605.773.6846
www.doe.sd.gov

July 21, 2005

SUBJECT: Off-site Meal Request Form

NSLP – 26.1
CACFP – 25.1
SFSP – 9.1

TO: Authorized Representatives
National School Lunch Program
Child and Adult Care Food Program
Summer Food Service Program

FROM: Child and Adult Nutrition Services

A copy of this information should be given to the food service director and the original should be placed in the numbered memo notebook from Child and Adult Nutrition Services (CANS). The memo is also available on the CANS website.

Attached is a copy of the form that should be used for off-site meal consumption requests. Off-site meal requests need to be submitted to CANS one week prior to the outing. If the meal is to be claimed for reimbursement the attached form must be filled out and submitted to CANS for review. National School Lunch Program (NSLP) agencies must include a brief description of how the outing provides an educational component. Once approval has been determined, the local agency will be notified. The form should be completed as accurately as possible. Be sure to indicate at the top of the form which program (NSLP, CACFP, or SFSP) is being submitted for approval.

If you have any questions, call CANS Staff at (605) 773-3413.

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 meal count person will ensure each child has a complete reimbursable meal at the point of service | <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: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved, reason _____	Co./Dept: _____
	Phone Number: _____

Means of notification: Phone Fax Mail

Fax Number: _____