

NSLP

Site Information Sheet

Oregon Department of Education

**ABC School
(13790)**

ABC School (987987987)
2006-2007 Program Year
Pending Submission
New Application

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Mailing Address

(1) Addr1:

(2) Addr2:

(3) City:

(4) State: (5) Zip Code:

Street Address

(6) Addr1:

(7) Addr2:

(8) City:

(9) State: (10) Zip Code:

Check here to copy Mailing Address to Street Address

Alternate Address 1

(11) Type:

(12) Addr1:

(13) Addr2:

(14) City:

(15) State: (16) Zip Code:

Alternate Address 2

(17) Type:

(18) Addr1:

(19) Addr2:

(20) City:

(21) State: (22) Zip Code:

Site Administrator Contact

	First	MI	Last
(23) Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
(24) Title:	<input type="text"/>		
(25) E-mail:	<input type="text"/>		
(26) Phone:	<input type="text"/>	(27) Ext:	<input type="text"/>
(28) Fax:	<input type="text"/>	(29) Ext:	<input type="text"/>
(30) Contact's Address:	<input type="text"/>		

Food Service Manager Contact

	First	MI	Last
(31) Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
(32) Title:	<input type="text"/>		
(33) E-mail:	<input type="text"/>		
(34) Phone:	<input type="text"/>	(35) Ext:	<input type="text"/>
(36) Fax:	<input type="text"/>	(37) Ext:	<input type="text"/>
(38) Contact's Address:	<input type="text"/>		

Eligibility Official

(39) Name:

(40) Title:

(41) Telephone:

(42) E-mail:

General Information

(43) Site Type: **Public**

(44) Campus Food Service Type:

(45) Does this site have a salad bar? Yes No

(46) Classification of Site:

(47) If "RCCI", does this site serve day students? Yes No

(48) If "Private" and "RCCI" please enter:

(49) License Issue Date: (50) License Expire Date:

(51) Site Administration:

(52) Type of Food Service:

(53) Name of Vendor:

(54) Grades Served at Site: Ungraded Head Start Pre-Kindergarten Kindergarten
 1 2 3 4 5 6 7 8 9 10 11 12

(55) Attendance Factor: (2006-2007) % (enter as percentage)

Site Eligibility Information

Meals Served	Paid Lunches	Free Lunches	Reduced-Priced Lunches	Percentage of Free/Reduced Lunches Served
Second Preceding Year: (2004-2005)	(56) <input type="text" value="0"/>	(57) <input type="text" value="0"/>	(58) <input type="text" value="0"/>	0.0%
Preceding Year: (2005-2006)	(59) <input type="text" value="0"/>	(60) <input type="text" value="0"/>	(61) <input type="text" value="0"/>	0.0%

Area Eligibility Information

Participants Approved	Free Eligible	Reduced-Priced Eligible	Total Participants Enrolled (Including Paid)	Percentage of Free/Reduced Eligible Students
Baseline Data: as of October 31, 2005	(62) <input type="text"/>	(63) <input type="text"/>	(64) <input type="text"/>	0.0%

National School Lunch Program

(65) Participation:

All Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun

(66) Months Meals Served:

(67) If Participation is Provision 2, enter your Base Year

(68) Is Offer vs Served Lunch implemented? Yes No

Amount charged to students for (70) Paid Lunch: (71) Reduced-Price Lunch:

School Breakfast Program

(73) Participation: **Not Eligible** for Severe Need Breakfast

(74) Months Meals Served: All Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun

(75) If Participation is Provision 2, enter your Base Year

(76) Is Offer vs Served Breakfast implemented? Yes No

(77) Is the site serving breakfast in the classroom? Yes No

Amount charged to students for (79) Paid Breakfast: (80) Reduced-Price Breakfast:

Special Milk Program

(82) Participation:

(83) Months Meals Served: All Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun

(84) Paid Milk Only: (Option 1)

(85) Price per Half Pint:

(86) Paid and Free Milk: (Option 2)

(87) Price charged for students not eligible for Free Milk:

(88) Non-Pricing: (Option 3)

(89) Check here if you are a Split Session Kindergarten

After School Snack Program

(90) Participation: Eligibility : **Less than 50%**

(91) Months Meals Served: All Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun

(92) Description of Educational or Enrichment Activities in the After School Program:



(93) If this site is **Eligibility: Less than 50% Snack** (90) and you want the site to participate "Greater than 50% Snack", select an eligible site that includes this site in its attendance area.
Enter the site number in the box.

If this site is classified "Non-School Site" (46), select a site that includes this site in its attendance area.
Enter the site number in the box.

Enter the Site Number: _____

Amount charged to students for (94) Reduced-Price Snack: _____ (95) Paid Snack: _____

Seamless Summer Option

(96) Participation: **Not Eligible** for Seamless Summer Option

(97) Months Meals Served: All Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun

(98) If this site is classified as "Non-school (46) or "Not Eligible for Seamless Summer Option (96), select an eligible site that includes this site's attendance area.

Enter the Site Number: _____

(99) Type of Site: _____

Seamless Summer Meal Service

		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
	Meal Type	Begin Time	End Time	Mon	Tue	Wed	Thu	Fri	Sat	Sur
(100)	<input type="checkbox"/> Breakfast	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
(101)	<input type="checkbox"/> Lunch	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
(102)	<input type="checkbox"/> Supper	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
(103)	<input type="checkbox"/> Snack	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						

(104) Estimated Number of Children to be Served: _____

(105) Locations Where Meal Service Availability is Advertised:

- Resource and Referral Agencies
- Government Agencies
- Churches / Religious Establishments
- Parks and Recreation Facilities
- Grocery Stores
- Community Based Advocacy Groups
- YMCA / YWCA Buildings Community Centers

(106) Type of Meal Service Advertisement:

- Magazine
- Newspapers
- Newsletters
- Pamphlets
- Posters
- Radio
- Television

Food Safety Inspection

(107) **1st Annual Inspection:**

- Received a health inspection during program year 2006.

(108) Enter date inspection occurred: _____

- A health inspection was requested during program year 2006, but was not completed. (record of request available)
- No health inspection was requested during program year 2006.

(109) **2nd Annual Inspection:**

- Received a health inspection during program year 2006.

(110) Enter date inspection occurred: _____

- A health inspection was requested during program year 2006, but was not completed. (record of request available)
- No health inspection was requested during program year 2006.

Menu Planning

Select Menu Planning Option for:

(111) School Breakfast Program

(112) If NuMenus or Assisted NuMenus is used for Breakfast Menu Planning select Software

(113) National School Lunch Program

(114) If NuMenus or Assisted NuMenus is used for Lunch Menu Planning select Software

(115) If "Additional Menu Planning Approaches" is selected enter the Menu Planning Option Description:

(116) If "Assisted NuMenus" is selected enter the Source of Assisted NuMenus: _____

Accountability Procedures

(117) Collection and Meal Counting Method:

- Name Checklist/Roster Tickets Cash POS Computer System Other

(118) If "**POS Computer System**" is selected for Meal Counting Method please enter the following:

(119) Brand name of the POS Computer System:

(120) POS Computer System data input method:

- PIN Barcode Reader Verbal Identifier

(121) If "**Other**" is selected for Meal Counting Method enter description of the Meal Counting Procedure used:



(122) Student Payments made by:

- Cash in Serving Line Prepaid Daily Prepaid Weekly Prepaid Monthly
 Monthly Billing Non-Pricing

(123) Exchange takes place:

- End of Line Beginning of Line Other

(124) If **Other** enter a description of where the exchange takes place:

(125) Meals Talled at End of Meal Period:

- POS Computer System Electronic Spreadsheet developed by Sponsor Manual

(126) If **Manual**, describe procedure:

(127) Do you offer Second Meals? Yes No

(128) If **Yes**, describe how you ensure second meals are not counted for reimbursement:

Created By:

Date Created:

Modified By:

Date Modified:

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