

Schedule - A- Policy Statement and Agreement Renewal School Year 2016-2017

Provide current information for the 2016-2017 School Year

Mark through incorrect information. Provide corrections.

District LEA: <input type="text"/>	District: <input type="text"/>	Child Nutrition Director: <input type="text"/>	ADE Certified: <input type="checkbox"/>
Superintendent: <input type="text"/>	DUNS #: <input type="text"/>	SSN: <input type="text"/>	Certification #: <input type="text"/>
District Mailing Address: <input type="text"/>		Director Address: <input type="text"/>	
City, State, Zip: <input type="text"/> <input type="text"/> <input type="text"/>		City, State Zip: <input type="text"/> <input type="text"/> <input type="text"/>	
District Phone: <input type="text"/>	District Fax: <input type="text"/>	Director Phone: <input type="text"/>	Director Fax: <input type="text"/>
Superintendent E-Mail: <input type="text"/>		Director E-Mail: <input type="text"/>	

SY 2016-2017 District Totals SafetyNet:

No. Schools: <input type="text"/>	Regular: <input type="text"/>	No. Serving Sites: <input type="text"/>	No. Schools w/ Breakfast: <input type="text"/>	No. Schools w/ Lunch: <input type="text"/>	No. Schools w/ Afterschool Snack: <input type="text"/>
Regular Summer: <input type="text"/>	No. Serving Sites: <input type="text"/>	No. Schools w/ Breakfast: <input type="text"/>	No Schools w/ Lunch: <input type="text"/>	No. Schools w/ Afterschool Snack: <input type="text"/>	
SeamlessSummer: <input type="text"/>	No. Serving Sites: <input type="text"/>	No. Schools w/ Breakfast: <input type="text"/>	No. Schools w/ Lunch: <input type="text"/>	No Schools w/ Afterschool Snack: <input type="text"/>	

School LEA: <input type="text"/>	School: <input type="text"/>								
Principal: <input type="text"/>									
School Physical: <input type="text"/>									
City, State Zip: <input type="text"/> , AR <input type="text"/>									
School Phone: <input type="text"/>									
Grade Span: <input type="text"/>	Serving Site: <input type="checkbox"/>	CEP: <input type="checkbox"/>							
	Year Round School: <input type="checkbox"/>	Provision 2: <input type="checkbox"/>							
Cafeteria Mgr: <input type="text"/>									
SSN: <input type="text"/>	ADE Certified: <input type="checkbox"/>								
Manager Phone: <input type="text"/>									

	Programs	Regular	Regular Summer	Seamless Summer	Prices		
					Paid	Reduced	Adult
Breakfast:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Severe Needs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lunch:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Afterschool Snack:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area Eligible:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PM <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-Area Eligible:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Uses Alternative Breakfast

Type of Breakfast:

Breakfast Menu Plan

K-12 06-08

K-05 09-12

Lunch Menu Plan

K-05 06-08

K-08 09-12

A= Grab/Go Cafeteria
 B= Grab/Go Not Cafeteria
 C= In Classroom
 D= 2nd Breakfast Period
 E= Other, Attach

If changes occur to the above information at any time during the school year. Please revise this form and submit it to The Child Nutrition Unit immediately in writing.

For District Child Nutrition Staff Only Area Specialist: _____

Approved By: _____ Date: _____

District Child Nutrition Director Signature
MM/DD/YY
Menu Planner Signature (if different from CN Director)

For ADE Child Nutrition Staff Only

Approved By: _____ Date Approved: _____ Entered into Child Nutrition Database: _____ Entered into On-line Claims System: _____

Area Specialist Initials
MM/DD/YY
Database Entry Initials and Date
Claims Entry Initials and Date

