



# SUMMER FOOD SITE APPLICATION

FOR OFFICIAL USE ONLY

Date Received: \_\_\_\_\_

Approved Site: \_\_\_\_\_ Yes \_\_\_\_\_ No

## Site Information

SITE NAME (ex. Rec Center, Maple St.): \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## SITE SUPERVISOR INFORMATION

SOCIAL SECURITY NUMBER: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ MOBILE PHONE NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE \_\_\_\_\_ TYPE \_\_\_\_\_

IF YOU ARE UNDER 19 YEARS OF AGE, GIVE BIRTHDATE: \_\_\_\_\_

Type of Site (Check One)

Recreation Center     Park     School     Church  
 Home     Other

Site Status (Check One)

New Site     Established Site

Have you ever worked for the Aiken County Summer Food Program:

YES     NO

If yes, which year: \_\_\_\_\_

SUMMER FOOD WILL BE OFFERED FROM MONDAY JUNE 9, 2014 UNTIL AUGUST 01, 2014

Please list the dates you wish to operate: Beginning Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_

OPERATING DAYS OF THE WEEK:

MONDAY     TUESDAY     WEDNESDAY     THURSDAY     FRIDAY

TOTAL NUMBER OF CHILDREN PARTICIPATING (ESTIMATE): \_\_\_\_\_

DESCRIBE MEAL SERVICE AREA: \_\_\_\_\_

HOW MANY CHILDREN CAN EAT AT THIS SITE AT ONE TIME? \_\_\_\_\_

IS THERE SHIFT FEEDING:  YES     NO

NEAREST PUBLIC ELEMENTARY SCHOOL SITE: \_\_\_\_\_

TIME OF MEAL SERVICE: Begins: \_\_\_\_\_ Ends: \_\_\_\_\_

THE HOLDING OF MEALS UNTIL THE TIME OF MEAL SERVICE: (CHECK ONE)

SERVED AT TIME OF DELIVERY     HELD IN REFRIGERATOR ON SITE

SERVED WITHIN ONE HOUR OF DELIVERY     OTHER: \_\_\_\_\_

IF AN OUTDOOR SITE, WHAT IS YOUR POLICY FOR SERVING MEALS WHEN WEATHER PREVENTS THE OUTDOOR SERVICE OF MEALS?  MEAL SERVICE WILL BE CANCELLED

MEALS WILL BE SERVED AT THE FOLLOWING LOCATION:

ADDRESS: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

IS THERE REGULARLY SCHEDULED ACTIVITY:  YES     NO

IF YES, LIST THE TYPES OF ACTIVITIES PROVIDED OR ATTACH A SCHEDULE OF DAILY ACTIVITIES:

DIRECTIONS TO SITE FROM AIKEN HOUSING AUTHORITY (100 ROGERS TERRACE, AIKEN, SC 29801)

\_\_\_\_\_  
\_\_\_\_\_

**APPLICATIONS ARE A PRE-SCREENING PROCESS. PLEASE NOTE THAT COMPLETION OF APPLICATION DOES NOT ENSURE THAT YOU WILL BE A SITE. PRE-OPERATIONAL SITE VISITS WILL BEGIN ON MARCH 10, 2014.**

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_