



# PORTER – LEATH

## Meal Schedule Change

\*\*\*NOTE: Reimbursement cannot be made for shifts in excess of program capacity. Payment received will be for two meals and one snack or two snacks and one meal per child each day.

### Meal Service Guidelines:

**All shifts must include a beginning and ending time.** There also must be at least two (2) hours between the end of each meals/supplement service and the beginning of the next meal/supplement). **Meal service change must be approved by sponsor prior request date.**

	<u>1<sup>st</sup> SHIFT</u>	<u>2<sup>nd</sup> SHIFT</u>
<b>A. ( ) Breakfast.....</b>		
<b>B. ( ) A.M. Supplement.....</b>		
<b>C. ( ) Lunch.....</b>		
<b>D. ( ) P.M. Supplement.....</b>		
<b>E. ( ) SUPPER.....</b>		

I Hereby, Certify that the above request is being made, by the individual who has signed below. **I understand that there is a waiting period before this schedule change will be effective, unless otherwise approved by authorized personnel.**

\_\_\_\_\_  
(Provider's Signature)

\_\_\_\_\_  
(Date)