



INTRESTED CLIENT QUESTIONNAIRE

Name of Day Care: _____ CACFP Funding: Yes ☐ No ☐

Site Address: _____

City: _____ Zip Code: _____

Contact Person: _____

Phone: _____

Email: _____ Web Site: _____

Implementation Time Frame: _____

No of days Service needed: _____ /Week , _____ /Year

MEALS NEEDED

	Breakfast	Lunch	Snacks	AfterSchool Prog.
Meal Count:				

SERVING TIMINGS

	Breakfast	Lunch	Snacks	AfterSchool Prog.
Timing:				

Current Meals provider Company : _____

Any Current or past Challenges: _____

Kitchen & Storage facility/Refrigeration: _____