

**South Carolina Department of Social Services
Summer Food Service Program (SFSP)
CHANGE FORM**

Site Number	Site Name	Type of Meal Service Breakfast, lunch, supper or snack	Change In Meal Capacity*				Change In Meal Time			Field Trip Notification		
			From	To	Shift Feed (Circle One)		DSS Approval Only	Revised Meal Time		DSS Approval Only	Date of Trip/ Destination	Will SFSP meals be transported? (Circle One)
				Yes	No			Begin	End			

* Explain all changes requested that exceed 20 percent of previously approved capacity.

I certify that the above changes are being submitted to SCDSS for approval within the prescribed time frames outlined and that all meals served will meet SFSP meal pattern requirements. A trained site supervisor will be present to ensure that program regulations are observed.

_____ SF- _____ Date

Signature and Title of Authorized Representative Agreement Number

Either fax to (803) 898-0960 or mail to SCDSS, Summer Food Service Program, P.O. Box 1520, Columbia, SC 29202-1520.