Reset

South Carolina Department of Social Services
Afterschool Snack Program (ASP)

SITE INFORMATION FORM

COMPLETE ONE PER SITE

Institution/Sponsor Name: _____ Agreement Number: _____

Name and Address of the Site	Telephone Number With Area Code	Name of School Used in Establishing Area Eligibility	Estimated Time of Snack Service	Estimated Number of Students to be Served Daily	Beginning and Ending Date of School Year	Age Range	Fire inspection required?	Health inspection required?
							❑ Yes ❑ No	❑ Yes ❑ No

1. Circle the days of the week this site will operate: M T W T F SA SU

2. Hours of Operation: M-F from _____ to _____ ; SA-SU from _____ to _____ .

3. Method by which snacks will be provided:
   ❑ Preparation at meal service location ❑ Preparation at central kitchen
   ❑ Contract with local school system ❑ Contract with food service management company

4. Name of County This Site is Located in: _____ Select County ... _____

5. Ethnicity: Hispanic or Latino: _____ % Not Hispanic or Latino: _____ %
   Race: American Indian or Alaskan Native: _____ % Asian: _____ % Black or African American: _____ %
   Native Hawaiian or Other Pacific Islander: _____ % White: _____ %

6. Institution Representative Completing Form: _____

Do not write below this line.

FOR SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES (SCDSS) USE ONLY.

Site Number: _____ Site Approval Month: _____ School Free and Reduced %: _____ Reference: _____

Effective Approval Period: _____ SCDSS Approver Initials: _____ Date: _____