

INSTRUCTIONS FOR DSS FORM 3358

Name of Facility: Name of the facility/site.

Physical Address: Address where the facility/site is located, to include the city, state, zip code and the county.

Telephone: Telephone number of the facility/site.

Fax: Fax number of the facility/site. If you do not have one, leave blank.

Name and Title of Contact Person(s) at the Facility/Site: Indicate the name and title of the person(s) who will be the facility/site representative(s) that we can call if we have questions. If the facility/site is a sponsored facility/site, then the name of the contact person(s) would be those who are affiliated with the sponsoring organization.

E-Mail: Provide the e-mail address of the facility/site, if applicable.

Mailing Address for Facility: Provide the mailing address for the facility/site to include the city, state, zip code and county.

Operational Data

Hours of Operation: Indicate the hours that the facility/site will be operating, for example, 2:30 p.m. to 6:30 p.m.

Days of Operation: Check the appropriate boxes to indicate on which days your facility/site are in operation, for example, if you only operate on Mondays and Wednesdays, then you will check M and W.

Annual Days of Operation: Indicate the annual dates that you will be in operation throughout the year. For example, if you operate along with the school year and school opens 8/18/05 and closes for the summer on 5/31/06, then your annual days of operation would be 8/18/05 to 5/31/06. If you operate year round, then provide dates that will indicate that your facility/site operates year round.

Facility Capacity: Indicate the capacity of your facility.

Are overnight services provided?: If overnight services are provided, check Yes, if not, check No.

Are overnight services provided at the same facility/site as meals are served?: If they are, check Yes, if not, check No.

DHEC Inspection Date: Provide the most current date that DHEC inspected your facility/site. Attach a copy of the inspection report.

Fire Inspection Date: Provide the most current date that DHEC inspected your facility/site. Attach a copy of the inspection report.

Meals to be Reimbursed: Check the appropriate box of the meals that you are currently being reimbursed for. For example, if you are being reimbursed for breakfast, lunch, and supper, then check the appropriate boxes beside the name(s) of the meals.

Starting Time of Meals: Indicate the estimated time of meal service. For example, if you usually begin your breakfast meal service at 7:30 a.m., indicate that time in the space provided.

Estimated Number to be Served: Give an estimate of how many people will be served during each approved meal service.

1. Method by which meals will be provided: Check the appropriate method from the choices given. Attach a copy of your contract, if you have one.

2. Select the one that will describe the meal service: Check the appropriate method from the choices given. If other, explain.

3. Is the facility an integral part of the organization which is contracting with SCDSS for the Emergency Shelter Food Program? If your facility/site is an integral part of the organization that has a contract with SCDSS for the Emergency Shelter Program, check Yes, if not, check No.

4. Who at the facility/site will be responsible for completion of the meal count record? Indicate the name and the title of the person(s) that will be recording the meal count.

5. Who at the facility/site will be responsible for completion of the menu record? Indicate the name and the title of the person(s) that will be completing the menus.

6. Who at the facility/site will be responsible for documenting the children in residence? Indicate the name and title of the person(s) that will be documenting the names of the children in residence or who will be taking any form of attendance for the children in residency.

Financial Information

7. Does this facility/site receive any other source of federal funding? If yes, explain. If your facility/site receives any other source of federal funding, from a grant or any other Federal agency, indicate Yes and explain where/who the funds are coming from and what they are being used for.

Certification

By signing this form, you are affirming that the information contained on this form is true and correct to the best of your knowledge. Have the authorized person sign it, indicate their title and then provide the date.