

**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)		Revised Meal Time		DSS Approval Only	Date of Trip/ Destination	Will SFSP meals be transported? (Circle One)	
					Yes	No	Begin	End				Yes
					Yes	No					Yes	No
					Yes	No					Yes	No
					Yes	No					Yes	No
					Yes	No					Yes	No
					Yes	No					Yes	No
					Yes	No					Yes	No
					Yes	No					Yes	No
					Yes	No					Yes	No

* 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- _____
Signature and Title of Authorized Representative Agreement Number Date

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