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

COMPLETE ONE PER SITE

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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		
 Circle the days of the week this Hours of Operation: M-F from Method by which snacks will be 	to	; SA-SU from	_ to ation	Preparation	SU at central kitche		nent company			
4. Name of County This Site is Loc	cated in:									
	laskan Native:	spanic or Latino: % % Asian: % der: % White:		rican America	an:%					
6. Institution Representative Comp	oleting Form:									
		Do not write belo	ow this line.	-						
F	OR SOUTH CARC	DLINA DEPARTMENT OF S	SOCIAL SEF	RVICES (SC	DSS) USE ONL	Y.				
Site Number: S	Site Approval Month: School Free and Redu			Reduced %:		Refer	ence:			
Effective Approval Period:	SCDSS Approver Initial			Date:						