

**Request to Provide Non-Congregate Meals in Rural Areas**

Instructions: Please complete this form separately for each site you are requesting to operate a non-congregate meal service. Answer each question thoroughly. Send the completed form along with the requested documentation to **CNSFSP@nysed.gov**. If you have any questions, please contact your SFSP representative.

Sponsor Name: \_\_\_\_\_

LEA Code: \_\_\_\_\_

Site Name: \_\_\_\_\_

Site LEA Code: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site County Name: \_\_\_\_\_

Rural Designation Mapper shows this site is in a rural area (and all delivery locations, if applicable)

Sponsor is in good standing with all federal nutrition programs.

1. Please explain the need for a non-congregate meal service in this area?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Where are the closest congregate feeding sites located?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If the area is not needy, how is the sponsor ensuring only meals served to children who are eligible for free and reduced-price meals under the National School Lunch Program (NLSP) or the School Breakfast Program (SBP) are being claimed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How will families be notified of meal availability?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How will the sponsor ensure children are not accessing more than one meal service?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Will meals be provided as grab and go or home delivery?                      Grab and Go                      Home Delivery

**Home Delivery:**

Provide delivery routes and registration lists to ensure there is no duplication of services and deliveries are to rural areas only.

Describe the system for obtaining parent/guardian written consent.

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\*Non-SFA's must enter into a written agreement or MOU with an SFA to receive eligibility documentation.

**Grab and Go:**

Describe the system to document that meals are only distributed to eligible children.

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Describe the system to ensure that duplicate meals are not distributed to any child

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**Parent/Guardian Pick-up:**

Describe the system to ensure that meals will only be provided to parents/guardians?

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7. Will meals be unitized or in bulk?                      Unitized                      Bulk

**Bulk Meals:**

Describe the system for ensuring meals meet meal pattern requirements and for instructing parents/guardians to prepare/serve meals.

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Provide a menu and complete the [menu tool](#)

Provide a sample of the instructions provided to households

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How many days of meals will be provided at one time (maximum 5 days)? \_\_\_\_\_

**Unitized Meals:**

How many days of meals will be provided at one time (maximum 10 days)? \_\_\_\_\_

8. Will this site location be providing a congregate meal service?      Yes      No

**Congregate Meal Service:**

Describe the system in place to prevent meal service overlap when providing a congregate and non-congregate meal service at the same site to reasonably ensure children are not receiving more than the daily maximum allowance of meals.

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Describe the system in place to maintain separate meal count records for congregate and non-congregate meals served.

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9. Check which meal types will be provided:      Breakfast      Lunch      Supper      Snack

10. Check which days meals will be provided for:

Monday	Wednesday	Friday	Sunday
Tuesday	Thursday	Saturday	

11. Check which day(s) meals will be distributed as either grab and go or home delivery:

Monday	Wednesday	Friday	Sunday
Tuesday	Thursday	Saturday	

12. What time(s) will meals be distributed? If times will be different on different days, please indicate that here.

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13. Requested number of meals to be served daily for each meal type (CAP): \_\_\_\_\_

Please note that a request to operate a non-congregate meal service is not an approval. SED will notify sponsors via email of an approval or denial.

Signature of Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Title of Contact Person: \_\_\_\_\_