

Child Nutrition Contact Information Page

(Must be attached to Renewal of Policy Statement)

School District: _____

LEA Number: _____

Superintendent: _____ Emergency Contact Number* _____

Child Nutrition Director: _____ Emergency Number* _____

Complete this form with the Position Titles of the people responsible for each duty. When asked for Position Titles please do not use names. An example of Position Title would be "Elementary Principal" or "Superintendent's Secretary".

Determining Official: _____
(Position Title)

How many Determining Officials approve applications in the district? _____

Hearing Official: _____, _____
(Name) (Position Title)

(Hearing Official cannot be the same person as the Determining Official)

Confirming Official: _____
(Position Title)

(Confirming Official cannot be the same person as the Determining and/or Hearing Official)

Verifying Official: _____
(Position Title)

Where are the approved applications maintained and filed during the school year?
_____ (for example: Superintendent's office, CN Director's office)

On-Site Reviewer:

Name and Position Title of person responsible for On-Site Review (multi-site facilities only) – check box if single serving site (: _____, _____
(Name) (Position Title)

Authorized Purchasing Agent:

Position Title of person responsible as the **Authorized Purchasing Agent** for Non-Profit Food Service Account:

(Position Title)

Wellness Policy Monitor:

Name of person responsible for monitoring Wellness Policy:

Name: _____

Phone: _____

District Bookkeeper working with CN:

Name: _____

Phone: _____

Email: _____

District Technology Coordinator:

Name and Position Title of **person responsible for submission of DISTRICT NSLA Data Cycle 2 Report (this is not the Child Nutrition Director)**:

_____, _____
(Name) (Position Title)

Phone: _____

Migrant Coordinator:

Name of person that is the Migrant Coordinator for the district: _____

Contact Number: _____

District Homeless / Runaway Liaison:

Name of person that is the Homeless Liaison for the school district: _____

Emergency Contact Information*

Local Police/Sheriff _____

Phone _____ (this needs to be a non-emergency number that is answered 24 hours/day)

*This information is being collected and will be used only in the event of an emergency (such as a food recall that involves products used by schools, i.e.: botulism in canned products) during a time that school is not in session (such as Christmas break).