



www.mealsforkids.com  
Phone: 770.783.2303

# INTRESTED CLIENT QUESTIONNAIRE

Name of Center/Company: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CACFP Funding**

Yes  No

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

Implementation Time Frame: \_\_\_\_\_

No of days Service needed: \_\_\_\_\_ /Week , \_\_\_\_\_ /Year

## MEALS NEEDED

	Breakfast	Lunch	Snacks	AfterSchool Prog.
<b>Meal Count:</b>				

## SERVING TIMINGS

	Breakfast	Lunch	Snacks	AfterSchool Prog.
<b>Timing:</b>				

Current Meals provider Company : \_\_\_\_\_

Any Current or past Challenges: \_\_\_\_\_

Kitchen & Storage facility/Refrigeration: \_\_\_\_\_