|  |  |  |
| --- | --- | --- |
| Agency Name: |        | Date       |
| Kitchen Name: |       |
| Kitchen Address: |       |
| Kitchen Phone: |       | Contact Person: |       |
| Certified Manager Name: |       | Certification Date:       |
| Allergen Certificate Name: |        | Certification Date:       |
| Type of Kitchen:  | [ ]  Central (main) [ ]  Satellite [ ]  HDM only |
| **List all dining/HDM sites served from this kitchen** |       |

|  |
| --- |
| Average Number of Meals Prepared/Served Weekly |
|  | **Congregate** |  | **Home Delivered** |  | **Total** |
| Week |       |  |       |  |       |

|  |
| --- |
| **NUTRITION SITE PRODUCTION** |

|  |  |  |
| --- | --- | --- |
| **Menu Type** *(Check one)* [ ]  1 month  |  [ ]  Quarterly | [ ]  Seasonal    Weeks |
| [ ]     Other Week(s) | [ ]        Other | please specify       |
| **Food Preparation** *(Check all that apply)* [ ]  Prepared Fresh *(Scratch-Cooked)* |
| [ ]  Cook Freeze on Site [ ]  Cook Chill on Site [ ]  Convenience Entrees |
| List: |     % Scratch Entrees |     % Convenience Entrees |

|  |
| --- |
| **CATERED MEALS** |

[ ]  Yes [ ]  No (If yes, complete Chart 5- Catered Food Service Chart)

|  |
| --- |
| **FOOD SERVICE LICENSE** |

**All Nutrition Applicants:** Attach copy of **Food Service License** and **Current Health Inspection Report** for the central/satellite kitchen(s) indicated above.