|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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.