



Florida Department of Agriculture and Consumer Services
Division of Food, Nutrition and Wellness

ALTERNATIVE POINT OF SERVICE REQUEST

5P-2.002, F.A.C.

Internal Use Only

Approved:

Denied:

Date: _____

Initials: _____

School Year: _____

Sponsor Name	Sponsor #
Site Name	Site #

For which meal service is this request being made? Breakfast Lunch Snack

Where will the alternative Point of Service be located? _____

Describe what barrier prevents the Point of Service being located where a determination can accurately be made that a reimbursable free, reduced price or paid meal has been served to an eligible student.

Describe how the alternative Point of Service will operate to ensure a reimbursable free, reduced price or paid meal is provided to an eligible student.

Describe how the meal components that constitute a reimbursable meal are communicated to students.

Describe how the meal components are offered to students.

Is Offer vs. Serve operated at this site during meal services affected by this request?

Yes No

If yes, describe how the Offer vs. Serve requirements for the fruit and vegetable component are met.

Describe how incomplete, or non-reimbursable, meals are tracked to ensure an accurate Claim for Reimbursement is submitted for reimbursable meals only.

School Food Service Director or Designee Signature

Date