Child Nutrition Program

Assistance Request Form
Request must be received 30 days prior to date needed

School Facility Name:__________________________________________________________

Address:_____________________________________________________________________

_____________________________________________________________________________

Phone: _______________________________________________________________________

Type of assistance Requested (check box)                                      Mail to:

☐ Technical Assistance

☐ Training/In-service

Please explain specific situation and or topic:

_____________________________________________________________________________

_____________________________________________________________________________

Date:__________________  Time:__________________  Location:________________________

Alternate Dates:__________________  Number of Participants:_____________________

Type of participants (Supervisors, managers, parents, teachers, principals, mixed groups, etc.)

_____________________________________________________________________________

Superintendent’s Signature (If Applicable):________________________________________

CNP Directors Signature:_______________________________________________________

Alabama State Department of Education, Office of Supporting Programs

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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

This institution is an equal opportunity provider.