

**Hawaii Child Care Nutrition Program
Menu Review Request Form**

Name of Program: _____

Address: _____

City: _____ Zip Code: _____

Contact Person: _____ Phone#: _____

Email: _____

Licensing Worker: _____ Phone#: _____

Address: _____

City: _____ Zip Code: _____

Email: _____

Type of program (**Check only 1 box. Please use a separate form for each program.*):

- | | |
|--|--|
| <input type="checkbox"/> Group Child Care | <input type="checkbox"/> Family Child Care |
| <input type="checkbox"/> Before/After School Program | <input type="checkbox"/> Infant/Toddler |

Age(s) of children served: _____

Number of children served: _____

Type of review requested:

- Breakfast Lunch AM snack PM snack

Please attach complete menus from the last 3 months, including serving sizes. If your school uses a cycle or rotating menu, please indicate when submitting request.

- Regular Menu Cycle/Rotating Menu

Children with special needs (please describe):

