

**U.S. DEPARTMENT OF AGRICULTURE  
FOOD AND NUTRITION SERVICE  
MEAL SERVICE**

**APPLICATION FOR AUTHORIZATION TO PARTICIPATE IN THE FOOD STAMP PROGRAM FOR COMMUNAL DINING FACILITIES, DRUG ADDICTION OR ALCOHOLIC TREATMENT AND REHABILITATION PROGRAMS, MEAL DELIVERY SERVICES, AND GROUP LIVING ARRANGEMENTS.**  
*(FNS Instr. 741-9)*

**FOR USDA USE ONLY**

AUTHORIZATION NO.	DATE AUTHORIZED
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PROJECT AREA

INSTRUCTIONS: Items 1 through 14, 23 and 24 must be completed by all applicants. For the sponsored program indicated in item 1 applicants must complete the following item(s), as indicated:

Items	Communal Dining Facility	Drug Addiction Treatment and Rehabilitation Program	Alcoholic Treatment and Rehabilitation Program	Group Living Arrangement	Meal Delivery Service
	15, 16	15, 17, 19	15, 18, 19	15, 20, 21, 22	16

1. TYPE OF PROGRAM SPONSORED ("X" applicable box)

<input type="checkbox"/> PUBLIC OR PRIVATE NONPROFIT COMMUNAL DINING FACILITY (NP)	<input type="checkbox"/> DRUG ADDICTION TREATMENT AND REHABILITATION (DT)
<input type="checkbox"/> PRIVATE COMMUNAL DINING FACILITY (RESTAURANT) (RE)	<input type="checkbox"/> PUBLIC OR PRIVATE NONPROFIT MEAL DELIVERY SERVICE (ND)
<input type="checkbox"/> ALCOHOLIC TREATMENT AND REHABILITATION (AT)	<input type="checkbox"/> PRIVATE MEAL DELIVERY SERVICE (RESTAURANT) (PD)
<input type="checkbox"/> GROUP LIVING ARRANGEMENT (GL)	

2. NAME OF MEAL SERVICE

3. NAME AND MAILING ADDRESS OF KITCHEN FROM WHICH MEALS ARE SERVED (Include ZIP)

4. TYPE OF KITCHEN

PRIVATE NON PROFIT  
 COMMERCIAL

5. COUNTY OR CITY

6. NAME AND MAILING ADDRESS OF SPONSORING AGENCY (Include ZIP)

7. NAME, TITLE, AND ADDRESS OF PERSON RESPONSIBLE FOR OPERATION OF MEAL SERVICE

8. TELEPHONE NO.

9. DAYS MEALS ARE SERVED ("X" those applicable)

MON.  TUES.  WED.  
 THUR.  FRI.  SAT.  
 SUN.

10. MEALS SERVED ("X" those applicable)

BREAKFAST  LUNCH  
 DINNER

11. HAS PERSON NAMED IN ITEM 7 ABOVE OR PERSON SIGNING THIS APPLICATION PREVIOUSLY OWNED OR OPERATED ANOTHER FIRM FOR WHICH APPLICATION TO PARTICIPATE IN THE FOOD STAMP PROGRAM WAS SUBMITTED?

YES  NO (If YES, give name and address of firm and when application was submitted)

12. IS SPONSOR CURRENTLY EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE SERVICE CODE?

YES  NO

13. MONTHLY CHARGE PER CUSTOMER?

YES  NO

If YES, amount of monthly charge \$ \_\_\_\_\_

14. AVERAGE MONTHLY SALES OF MEAL SERVICE

\$ \_\_\_\_\_

15. NAME AND MAILING ADDRESS OF SITE WHERE MEALS ARE SERVED (Include ZIP)

16. IS MEAL SERVICE A PRIVATE ESTABLISHMENT UNDER CONTRACT WITH A STATE OR LOCAL AGENCY TO PROVIDE MEALS PREPARED ESPECIALLY FOR ELDERLY PERSONS OR SSI RECIPIENTS AND SOLD AT CONCESSIONAL PRICES?  YES  NO

17. IS SPONSOR PRESENTLY CERTIFIED BY THE STATE AS PROVIDING TREATMENT THAT CAN LEAD TO THE REHABILITATION OF DRUG ADDICTS AS SPECIFIED IN THE "DRUG ABUSE OFFICE AND TREATMENT ACT OF 1972"?

YES  NO

18. IS SPONSOR PRESENTLY CERTIFIED BY THE STATE AS PROVIDING TREATMENT THAT CAN LEAD TO THE REHABILITATION OF ALCOHOLICS AS SPECIFIED IN THE "COMPREHENSIVE ALCOHOLISM PREVENTION, TREATMENT AND REHABILITATION ACT OF 1970"?

YES  NO

19. IS THE TREATMENT AND REHABILITATION PROGRAM CONDUCTED BY AN ORGANIZATION OR INSTITUTION THAT IS PRIVATE NONPROFIT?  YES  NO

20. IS THE GROUP LIVING ARRANGEMENT FACILITY FOR BLIND AND/OR DISABLED RECIPIENTS OF BENEFITS UNDER TITLE II OR TITLE XVI OF THE SOCIAL SECURITY ACT PRESENTLY CERTIFIED BY THE STATE UNDER REGULATIONS ISSUED UNDER SECTION 1616(e) OF THE SOCIAL SECURITY ACT?

YES  NO

21. IS THE GROUP LIVING ARRANGEMENT FACILITY A PUBLIC OR PRIVATE NON-PROFIT ESTABLISHMENT?

YES  NO

22. HOW MANY RESIDENTS DOES THE GROUP LIVING ARRANGEMENT FACILITY SERVE?

23. REMARKS AND/OR ADDITIONAL INFORMATION (If more space is needed, continue on reverse)

24. CERTIFICATION

My signature at the bottom of this form means the following:

- I am applying for authorization to take part in the Food Stamp Program.
- I have read and I understand the regulations that govern the program (Part 271, "General Information and Definitions," and Part 278, "Participation of Retail Food Stores, Wholesale Food Concerns, and Banks," 7 CFR.)
- My firm (including all employees) will comply with the Program regulations.
- I understand that the U.S. Department of Agriculture can revoke my authorization to participate for any violations by any of the firm's employees.
- As far as I know, the meal service qualifies as a "meal service" as defined in the Program regulations.
- My organization intends to serve (or, where applicable deliver) meals for those food stamp participants who are eligible to use the coupons for those meals.
- All the information in this application is true. I understand that any false information may mean that the Department of Agriculture will deny or withdraw approval to participate.
- I understand that approval to participate will be automatically withdrawn and assert that the meal service will immediately cease acceptance of food coupons upon loss of its Federal tax exempt status, or cancellation or expiration of its contract with the State or local agency, or loss of its State certification, as appropriate.
- I declare that (check one):
  - I am a member of the sponsoring agency and I have authority to contract for the meal service, OR
  - I have authority to contract for the private establishment.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. (Not all prohibited bases apply to all programs.)

DATE \_\_\_\_\_ TITLE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## OMB STATEMENT

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