# Mississippi Department of Education, Office of Child Nutrition (MDE OCN)

## Technical Assistance Request Form

For NSLP, SBP, ASCP, SSO, SFSP, CACFP, and other programs

### Request Date:

[Date of request]

### Requestor Information:

Name:

Title/Position:

School District/Organization:

Email Address:

Phone Number:

### Assistance Needed For (Select all that apply):

☐ National School Lunch Program (NSLP)

☐ School Breakfast Program (SBP)

☐ Afterschool Care Program (ASCP)

☐ Seamless Summer Option (SSO)

☐ Summer Food Service Program (SFSP)

☐ Child and Adult Care Food Program (CACFP)

☐ Purchasing System

☐ USDA Foods

☐ Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Type of Technical Assistance Requested (Select all that apply):

☐ Program Compliance & Reporting

☐ Meal Pattern Requirements

☐ Site Visits & Audits

☐ Application & Certification Process

☐ Civil Rights Compliance

☐ Procurement

☐ Claiming & Reimbursement

☐ Training & Education

☐ Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Detailed Description of Request:

[Please describe the specific assistance needed, any relevant context, and any associated deadlines.]

### Priority Level:

☐ Low (Routine inquiry)

☐ Medium (Assistance needed within 2-3 weeks)

☐ High (Urgent, immediate action needed)

### Preferred Mode of Assistance:

☐ Email

☐ Phone Call

☐ In-Person Visit

☐ Webinar/Virtual Meeting

### Supporting Documents/Attachments (if any):

[Provide any relevant files or additional information that may help address your request.]

### For MDE OCN Use Only:

Assigned Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Action Taken:

☐ Assistance Provided

☐ Follow-Up Needed

☐ Escalated to Supervisor

Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes/Comments:

[Any additional notes related to the request.]