



Emergency Meals Request

**** Provide one REQUEST FORM for each day****

School Name: _____ Location Code: _____
Manager's Name: _____ Manager's Email: _____
Cafeteria Phone Number: _____ Today's Date: _____

Requested Meal Service Date: _____

Are you able to cook? Yes ___ No ___

Breakfast Entrée Quantity Needed _____ Fruit _____ Arrival time: _____

Lunch Entrée Quantity Needed _____ Fruit _____ Vegetable _____ Arrival time: _____

Supper Kits Quantity Needed _____

Note: Supper Kits will be delivered with Lunch orders.

Reason for Emergency Meals:

Sewage backup ___ Power outage ___ No Gas ___ Equipment failure ___
Lockdown ___ Natural Disaster ___ Other ___ Trouble Call # _____

Brief Explanation of the Problem:

AFSS Name: _____

AFSS Phone Number: _____

Cancellation Deadline: Cancellations will be honored the day of service before 7:00am.

Cancel the order above: Yes ___ Reason for cancellation: _____

To better serve you, please send your emergency meals request form to the email below.

nncemergencymeals@lausd.net

Note: Include your AFSS in your email.