Notification of School Closure
Due to H1N1 Outbreak

If you will be serving reimbursable meals to students during a school closure, this form must be completed and sent to the Nebraska Department of Education - Nutrition Services. Please complete one form for each feeding site (school) that is closed.

All School Food Authorities (SFA) or Community Organizations (CO) must have received prior approval to participate. This form must be received by Nutrition Services prior to meals being served.

School Food Authority/Community Organization: ________________________________
Agreement Number (6 digits): ________________________________
Town: ________________________________
Feeding Site closed: ________________________________
Specific Name of Location where meals will be prepared: ________________________________
Specific Name of Location where meals will be served: ________________________________
Which H1N1 meal(s) will be served (please circle): Breakfast  Lunch  Snack  Supper
Date School Dismissed: ________________________________
Start Date of H1N1 Meal Service: ________________________________
Date School Expects to Reopen: ________________________________

Must Notify Nutrition Services of date when school resumes

Authorized Representative: ________________________________
Email address: ________________________________
Telephone number: ________________________________
Fax Number:  402-471-4407
or Mailing Address: Nebraska Department of Education
Nutrition Services
P.O. Box 94987
Lincoln, NE  68509