

**RAINBOW TREATMENT CENTER  
SPECIAL MEAL REQUEST FORM**

All food requests that replace or an addition to the existing posted menu must provide the Kitchen Staff with the following completed form:

*This includes:*

*Program Outings*

*Events*

*Snack for Groups*

*Program Special Requests*

*Other Special Needs*

**Event Name:** \_\_\_\_\_ **Date(s) Meal needed:** \_\_\_\_\_

**Time of Requested Meal to be ready:** \_\_\_\_\_

**Time of Requested Meal to be served:** \_\_\_\_\_

**Time of Requested Snack to be ready:** \_\_\_\_\_

**Time of Requested Snack to be served:** \_\_\_\_\_

\_\_\_\_ **Same Posted Menu for the Day**                      \_\_\_\_ **Number of People to be Served**

\_\_\_\_ **Special Menu for the Day**                      \_\_\_\_ **Number of People to be Served**

**Main Dish:** \_\_\_\_\_

**Vegetable:** \_\_\_\_\_

**Bread:** \_\_\_\_\_

**Salad:** \_\_\_\_\_

**Desert:** \_\_\_\_\_

**Beverage:** \_\_\_\_\_

**Other:**            \_\_\_\_ **Fruit Plate**

                          \_\_\_\_ **Cookie Plate**

                          \_\_\_\_ **Chips & Dip Plate**

                          \_\_\_\_ **Sack Lunch (Sandwich, Cookie/Bar, Fruit, Beverage)**

Requesting Employee's Signature: \_\_\_\_\_

Immediate Supervisor's Signature: \_\_\_\_\_

Administrative Director's Signature: \_\_\_\_\_

Clinical Director's Signature: \_\_\_\_\_