

Republic of the Philippines

Department of Education

Region VIII SCHOOLS DIVISION OF CALBAYOG CITY

May 24, 2024

DIVISION MEMORANDUM

DM-OSGOD-HNU No. 295 s. 2024

SUBMISSION OF ACCOMPLISHED SCHOOL-BASED FEEDING PROGRAM FORMS 1-7

TO:

Public Schools District Supervisors Public Elementary School Heads All Others Concerned

- 1. School-Based Feeding Program is being implemented annually as part of the 6 flagship programs of Oplan Kalusugan sa DepEd, to improve classroom attendance and the nutritional status of target beneficiaries.
- 2. In order to implement fully the said program, it was emphasized during the orientation, that SBFP forms should be accomplished prior to the implementation, so as to properly identify the target beneficiaries.
- 3. SBFP Forms to accomplish are as follows:
 - a. SBFP Form 1 Masterlist of Beneficiaries for SBFP SY 2023
 - b. SBFP Form 2 Summary of Beneficiaries
 - c. SBFP Form 3 Attendance of Actual Feeding
 - d. SBFP Form 4 List of Authorized Consignees (to be accomplished by drop-off point only)
 - e. SBFP Form 5 List of Beneficiaries for Milk Feeding Component
 - f. SBFP Form 6 Number of packs received (both NFP and Milk)
 - g. SBFP Form 7 Program Terminal Report
- 4. With this, the School Health and Nutrition Section, is requesting the SBFP beneficiary schools to submit the hard copy (1 original & 2 photocopies) of the above mentioned SBFP Forms to the Division Office Health and Nutrition Section, Attn: ADRIAN MARIE C. NUEVO, SBFP Coordinator and a soft copy to be submitted to HNS E-Mail Address: hnscalbavog@yahoo.com on or before May 29 2024, to be used in the liquidation and payment of the implementation of the said program.
- 5. The forms & sample forms attached for your guidance can be accessed through this link: https://bit.ly/calbayogSBFP
- 6. For immediate dissemination and strict compliance.



margarito A. Cadayona Jr. Phd, ceso vi

Asst, Schools Division Superintendent
Officer- In- Charge

Office of the Schools Division Superintendent







Address: P2 Brgy. Hamorawon, Calbayog City, Samar Emuil Address: calbayogcity@deped.gov.ph

Website: https://calbayogcity.deped.gov.ph/

Page 1 of 1



Division / Camarines Sur

Master List Beneficiaries for School-Based Feeding Program (SBFP) (SY 2022-2023)

Name of Princial

Name of Feeding Focal Person:

No. Name Sex Grade/ Sectio (dainDDYYYY) 1 1 1 Care of Buth Weigh Heigh to Age in	Name of Scho School ID Nu	Name of School / School District : School iD Number:	1	100			leans of coanglocal clour.		96					
	₹	Name	Sex		Date of Birth	Date of Weighing / Moasuring	Age in Years /	Weigh t (Kg)		BMI for 6 y.o.		Nutriti Status	Nutritional Status (NS)	
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School ID Number: Date of Start of Feeding: Last Mile School: Y	z			'												
										No.	No. of Secondary Targets	ny Target	6		No. of 4	No. of Pupils who
Number of Undernourished School Children by Grade Level	Sex	Severel y Wasted	Wasted Normal	Normal	Overwe Severel	Severel y Stunted	Stunt Nor	Nor mal	Tall	No. of Pupils- at-risk-of- dropping-out (PARDOs)	No. of Stunted/ Severely Stunted	No. of Indigent Learners	No. of Indigenou s Peoples (IPs)	No. of 4 Learners Dawormed		beneficiari es in previous
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4. Grade III

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SCHOOL-BASED FEEDING PROGRAM RECORD OF DAILY FEEDING

FOR THE MONTH OF _

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Prepared by:																						
Feeding Teacher / School Nurse			-	B. Deworming	rming							D. Ac	D. Actual Feeding	ding		-						
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SCHOOL ID NO .: NAME OF SCHOOL: REGION/SDO/DISTRICT:

SCHOOL-BASED FEEDING PROGRAM - MILK COMPONENT

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		MOBILE NO.	ON TEAM (S		9.272E+09		TEL. NOMOBILE NO.	CONSIGNEE
		EMAIL ADD	SCHOOL INSPECTION TEAM (SY: (2023-2023)				EMAIL ADD	LIST OF AUTHORIZED CONSIGNEES (SY: 2023-2024)
		SPECIMEN SIGNATURE					SPECIMEN SIGNATURE	

Note: Only authorized consignees are allowed to receive the goods. Use long hand signature.



REGION/DIVISION/DISTRICT: NAME OF SCHOOL: SCHOOL ID NO.:						
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		- 20		Classification of S	Classification of Students in terms of Milk Tolerance (Please check one)	ance (Please check one)
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Name		Sex	Grade & Section	and will participate in milk	S 5	participate in milk feedi
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REGION/DIVISION/DISTRICT: NAME OF SCHOOL: SCHOOL ID NO.:

SCHOOL ID NO.:	Ī							
		108	SCHOOL-BASED FEEDING PROGRAM	EEDING PR	OGRAM			•
			NFP DELIVERIES (SY 2023-2024)	S (SY 2023-	2024)			
Grade Level	Sex	Number of Beneficiaries	Date	No.	No. of Packs Received	eived	No. of Packs for	Remarks
			Delivered	New	Replacement	Total (New + Replacement)	Rejected	
Kinder	M							
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Grade 2	Z.							
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Grade 4	Z							
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П	Grade 1			Kinder		Grade Level		School Feeding Coordinator		Prepared by:		GRAND TOTAL: F	M		TI	Grade 6 M	1	71	Grade 5 M
	M	Total	F	M		Sex		ordinator			Total			Total			Total		1
						Date	MILK DELIVERIES (SY 2023-2024)		APPROVED BY:									1 50 P	
					New	No.	S (SY 2023		**										
					Replacement	No. of Packs Received	.2024)	School Head											
					Total (New + Replacement)	ceived		۵						1					
					Rejected	No. of Packs for Replacement/													=
						Remarks							2						

Grade 3 School Feeding Coordinator Prepared by: Grade 6 Grade 2 GRAND TOTAL: F Grade 4 Grade 5 Z Z 3 Z П Total Total Total Π≤ Total Total Total Total School Head APPROVED BY:



