

Child and Adult Care Food Program (CACFP) Child Care Home Provider Application FY 20_____

Please Print Clearly

Name of Sponsoring Organization: _____

Provider's Name: _____

Last 4 digits of SSN: _____ Date of Birth: _____

Physical Address: _____ City: _____ Zip: _____

List anything that restricts access to the property (i.e. gated community, locked entry, loose dogs, etc): _____

Any gas utilities? Yes No

Mailing Address: _____ City: _____ Zip: _____

County: _____ Phone (H): _____ (C) _____

Email address: _____ Name of Substitute Provider: _____

Application Type: New Provider Renewing/Continuing Provider Change of Address Provider Transfer

If previously participated in CACFP, please include name of prior organization and date(s) of participation _____

Provider Information:

Home is: Alternately Approved (Private) DES Certified DHS Certified Military Certified Tribal Certified

Days and hours child care will **regularly** be provided

Explain any variations in days or hours of care:

- Mon _____ AM / PM to _____ AM / PM _____
- Tues _____ AM / PM to _____ AM / PM _____
- Wed _____ AM / PM to _____ AM / PM _____
- Thurs _____ AM / PM to _____ AM / PM _____
- Fri _____ AM / PM to _____ AM / PM _____
- Sat _____ AM / PM to _____ AM / PM _____
- Sun _____ AM / PM to _____ AM / PM _____

Will holiday care be provided? Yes No Provider claims own children? Yes No If Yes, how many: _____

Below, list meals that will be **regularly** claimed and times meals will be served:

Meals Claimed	Meal Times	Second Shift (If applicable)	Meal Time Requirements (Includes shift care)
<input type="checkbox"/> Breakfast	_____ to _____	_____ to _____	Breakfast may be served between 6-9am (max duration is 1 ½ hrs).
<input type="checkbox"/> AM Snack	_____ to _____	_____ to _____	Lunch may be served between 11am-1pm. Supper may be served
<input type="checkbox"/> Lunch	_____ to _____	_____ to _____	between 5-7pm. Evening Snack may be served after 7pm. <u>All</u>
<input type="checkbox"/> PM Snack	_____ to _____	_____ to _____	snacks have a maximum duration of 1 hour. There must be at least
<input type="checkbox"/> Supper	_____ to _____	_____ to _____	2 hours between the beginnings of each meal and/or snack and at
<input type="checkbox"/> Eve Snack	_____ to _____	_____ to _____	least 15 mins. between the last meal/snack and close of business.

Will meals claimed or meal times vary? Yes No If Yes, please explain: _____

I hereby certify that all of the above information is true and correct as of this date. I understand that this information is being given in connection with the receipt of federal funds; that ADE officials may, for cause verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Provider's Signature _____ Date _____

Sponsoring Organization Representative _____ Date _____

This institution is an equal opportunity provider.

According to 7 CFR 226.19(d), "Each day care home participating in the program shall serve the meal types specified in its approved application in accordance with the meal pattern requirements specified in 226.20.