ADE USE ONLY

Effective PY: _____

ADD / CHANGE / DELETE

Health and Nutrition Services Entity Data Form v.3.0

◯ NSLP ◯ SFSP ◯ CACFP

Sponsor Information ☐ NEW *OR* ☐ CHANGE Name *OR* ☐ CHANGE Address *OR* ☐ Adjusting Sites

Name:

CTDS#:

Physical Address:

City: State: Zip:

ADE USE ONLY	☐ *Verified By:*
	☐ *Added/Modified By:*

Site Information #1 ☐ NEW *OR* ☐ DELETE *OR* ☐ CHANGE Name *OR* ☐ CHANGE Address

Name:

CTDS#:

PhysicalAddress:

City: State: Zip:

ADE USE ONLY	☐ *Verified By:*
	☐ *Added/Modified By:*

Site Information #2 ☐ NEW *OR* ☐ DELETE *OR* ☐ CHANGE Name *OR* ☐ CHANGE Address

Name:

CTDS#:

PhysicalAddress:

City: State: Zip:

ADE USE ONLY	☐ *Verified By:*
	☐ *Added/Modified By:*

Site Information #3 ☐ NEW *OR* ☐ DELETE *OR* ☐ CHANGE Name *OR* ☐ CHANGE Address

☐ Check if you have **MORE THAN 3 SITES** involved. Please include as many **MORE THAN 3 SITE FORMS** as necessary.

Name:

CTDS#:

Physical Address:

City: State: Zip:

ADE USE ONLY	☐ *Verified By:*
	☐ *Added/Modified By:*

Authorized Signer Information *(As indicated on the Food Service Agreement)*

Name: Title:

Phone:

E-Mail:

ADE USE ONLY	☐ *Signature Verified On* ***ALL*** *Pages By:*

Authorized Signature: _____ **Date:** _____

-- ADE USE ONLY --

ENTITY TYPE: ☐ For-Profit Child Care Centers ☐ Non-Profit Child Care Center ☐ Private Non-Profit Organization ☐ Adult Day Care ☐ Food Program at a Community Facility ☐ Residential Child Care Institution (Non-Gov't) ☐ Day Care Home Sponsor

MORE THAN 3 SITE FORM

Site Information #___ ☐ NEW *OR* ☐ DELETE *OR* ☐ CHANGE Name *OR* ☐ CHANGE Address

Name:

PhysicalAddress:

City: State: Zip:

CTDS#:

ADE USE ONLY	☐ *Verified By:*
	☐ *Added/Modified By:*

Site Information #___ ☐ NEW *OR* ☐ DELETE *OR* ☐ CHANGE Name *OR* ☐ CHANGE Address

Name:

PhysicalAddress:

City: State: Zip:

CTDS#:

ADE USE ONLY	☐ *Verified By:*
	☐ *Added/Modified By:*

Site Information #___ ☐ NEW *OR* ☐ DELETE *OR* ☐ CHANGE Name *OR* ☐ CHANGE Address

Name:

PhysicalAddress:

City: State: Zip:

CTDS#:

ADE USE ONLY	☐ *Verified By:*
	☐ *Added/Modified By:*

Site Information #___ ☐ NEW *OR* ☐ DELETE *OR* ☐ CHANGE Name *OR* ☐ CHANGE Address

Name:

PhysicalAddress:

City: State: Zip:

CTDS#:

ADE USE ONLY	☐ *Verified By:*
	☐ *Added/Modified By:*

Site Information #___ ☐ NEW *OR* ☐ DELETE *OR* ☐ CHANGE Name *OR* ☐ CHANGE Address

Name:

PhysicalAddress:

City: State: Zip:

CTDS#:

ADE USE ONLY	☐ *Verified By:*
	☐ *Added/Modified By:*

Site Information #___ ☐ NEW *OR* ☐ DELETE *OR* ☐ CHANGE Name *OR* ☐ CHANGE Address

Name:

PhysicalAddress:

City: State: Zip:

CTDS#:

ADE USE ONLY	☐ *Verified By:*
	☐ *Added/Modified By:*

Authorized Signature:
(must be same as first page)

Date: