

Site Form

Required sections/fields are indicated with an asterisk (*).

If the entity is a public school (District or Charter), only complete the sections with two asterisks (**).

Sponsor Entity Name:	Sponsor Entity CTDS #:
----------------------	------------------------

Sponsor to Site Relationship Information	
Non-Associated Site	Associated Site
* Must have an approved Inter-Agency Agreement on file if adding to NSLP	
* Attach a Non-Associated Site Agreement to this form if adding to SFSP or CACFP At-Risk	

Site Entity Information		
**Site Entity Name:	**Site Entity CTDS #:	
<i>If requesting a change to the site name, input former site name:</i>		
*Physical Address:		
*City:	*State:	*Zip Code:
<i>If requesting a change to the site address, input former physical:</i>		
*Mailing Address: Same as physical address.		
*City:	*State:	*Zip Code:
<i>If requesting a change to site address, input former mailing address:</i>		
*Phone #:	Fax #:	
Website URL:		

New Site Entities Only: Complete this section to tell Health and Nutrition Services more about the new site entity.			
Traditional Child Care	Head Start	BIE/Tribal Group	
Adult Care Center	Outside of School Hours Care Center	Residential Child Care Institution	
Emergency Shelter	Private School	Community Organization	
At-Risk Afterschool Care Center	Faith Based Organization/School	Other:	
* Attach enrichment schedule and documentation of area eligibility			
Licensed Care Centers Only: Indicate how the new site entity is licensed to operate. *Attach License.			
Department of Defense	Department of Health Services	Exempt from License Requirements	
Department of Economic Security	Department of Child Safety	Tribal License or Approval	
Additional Entity Details:	Public Organization	Private Non-Profit	Private For-Profit

Notes from Entity or HNS:
