

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 (**).

Every Site Form must be submitted with a Sponsor Form.

Sponsor Entity Name:	Sponsor Entity CTDS #:
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*Effective Start Date of Site Entity Add/Change/Delete:

Sponsor to Site Relationship Information	
Non-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 SSO	Associated Site

Site Entity Information	
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**Site Entity Name:	**Site Entity CTDS #:
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<i>If requesting a change to the site name, input former site name:</i>

*Physical Address:

*City:	*State:	*Zip Code:
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*Mailing Address: Same as physical address.

*City:	*State:	*Zip Code:
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<i>If requesting a change to site address, input former address:</i>	<i>Change for physical /Mailing</i>
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*Phone #:	Fax #:
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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	Faith Based Organization/School	Community Organization	
At-Risk Afterschool Care Center	Summer Feeding Site	Private School	
* Attach enrichment schedule and documentation of area eligibility	* Attach documentation of area eligibility	Other:	
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 * Attach 501(C)	Private For-Profit

Notes from Entity or HNS:

For Arizona Department of Education Health and Nutrition Services Staff Use Only	
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Program Approval Initials:	Date:
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